

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Mary MIDDLE: Belle LAST: Knarr			2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) August 14, 2002		4. SOCIAL SECURITY NUMBER 0938		5a. AGE-Last Birthday (years) 78
6. DATE OF BIRTH (Month, Day, Year) December 23, 1923		7. BIRTHPLACE (City and State or Foreign Country) Covington, Kentucky		5b. UNDER 1 YEAR: Months: _____ Days: _____
9a. PLACE OF DEATH (Check only one! see instructions on other side) HOSPITAL: Inpatient _____ ER/Outpatient _____ DOA _____ OTHER: Nursing Home <input checked="" type="checkbox"/> Residence _____ Other (Specify) _____			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
9c. FACILITY NAME (If not institution, give street and number) 120 Kay Court			9d. CITY, TOWN, OR LOCATION OF DEATH Oldsmar	
10a. DECEDENT'S USUAL OCCUPATION Homemaker			10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Edward S. Knarr		
13a. RESIDENCE - STATE Florida		13b. COUNTY Pinellas		13c. CITY, TOWN, OR LOCATION Oldsmar
13d. STREET AND NUMBER 120 Kay Court		13e. COUNTY OF DEATH Pinellas		
13a. INSIDE CITY LIMITS? (Yes or No) YES	13f. ZIP CODE 34677	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE - American Indian, Black, White, etc. Specify. White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 2			17. FATHER'S NAME (First, Middle, Last) Edgar Fields	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Julie Phillippe			19a. INFORMANT'S NAME (Type/Print) Edward S Knarr	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 120 Kay Court Oldsmar, Fl 34677			20a. METHOD OF DISPOSITION Burial _____ Cremation _____ Removal from State _____ Donation <input checked="" type="checkbox"/> Other (Specify) Entombment	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sylvan Abbey Memorial Park		20c. LOCATION - City or Town, State Clearwater, Florida		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas J. Thompson</i>		21b. LICENSE NUMBER (of Licensee) 1411		21c. NAME AND ADDRESS OF FACILITY Sylvan Abbey Funeral Home 33759 2853 Sunset Point Road Clearwater, Fl
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Kathleen L Peditto, M.D.</i>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) _____		
22b. DATE SIGNED (Mo., Day, Yr) 8/19/02		22c. HOUR OF DEATH 10:25PM		23b. DATE SIGNED (Mo., Day, Yr) _____
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____		23c. HOUR OF DEATH _____		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Kathleen L Peditto, M.D. 3251 McMullen-Booth Road Suite 103 Clearwater, Fl 33761				
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Melanie Quail</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>Melanie Quail</i>		25c. DATE REGISTERED Aug. 20, 2002
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Failure to Thrive Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Depression, Severe				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) NO	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) NO
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input checked="" type="checkbox"/> No _____	30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED			30b. DATE OF SURGERY (Mo., Day, Year)
31. PROBABLE MANNER OF DEATH (Specify). Natural, accident, suicide, homicide, or undetermined. Natural	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		



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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Kathleen L Peditto
Chief Deputy Registrar, Pinellas County

ISSUED: Aug. 20, 2002
State Registrar

WARNING:
9669105

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



VOID IF ALTERED OR ERASED

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EXHIBIT "A"

(50)

A timeshare estate comprised of:

Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 013 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-013

