

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

3200810006245

STATE FILE NUMBER		CITY OF FRESNO USE BLACK INK ONLY; NO ERASURES, WRITE-OUTS OR ALTERATIONS VS-100REV 1/04		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) TADASHI		3. MIDDLE SATO		3. LAST (Family) SATO	
4. DATE OF BIRTH mm/dd/yyyy 02/14/1936		5. AGE Yrs. 72		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/degree (see instructions for code) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (if yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) JAPANESE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number or location) 1259 NORTH JOSHUA AVENUE		21. CITY CLOVIS		22. COUNTY/PROVINCE FRESNO	
23. INFORMANT'S NAME, RELATIONSHIP SCARLETT SATO, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1259 NORTH JOSHUA AVENUE, CLOVIS, CA 93619		24. YEARS IN COUNTY 2	
25. NAME OF SURVIVING SPOUSE - FIRST SCARLETT		26. MIDDLE UMETANI		30. LAST (Maiden Name) SATO	
31. NAME OF FATHER - FIRST TOYOTA		32. MIDDLE SATO		34. BIRTH STATE JAPAN	
35. NAME OF MOTHER - FIRST SUMIKO		36. MIDDLE SATO		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 01/09/2009		40. PLACE OF FINAL DISPOSITION ALTA MESA CEMETERY - 695 ARASTRADERO ROAD, PALO ALTO, CA 94306		43. LICENSE NUMBER	
41. TYPE OF DISPOSITION(S) CR/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		47. DATE mm/dd/yyyy 01/05/2009	
44. NAME OF PLACE OF DISPOSITION LISLE FUNERAL HOME		45. LICENSE NUMBER FD-176		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L MORENO, MD	
101. PLACE OF DEATH KAISER PERMANENTE MEDICAL CENTER - FRESNO		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ENOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Homeless <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY FRESNO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 7300 NORTH FRESNO STREET		106. CITY FRESNO	
107. CAUSE OF DEATH INTRACRANIAL HEMORRHAGE		108. DEATH REPORTED TO CORONER/Chief and Death Certificate <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. SPOUSE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, RENAL FAILURE, HYPERTENSION, MONOCLONAL GAMMOPATHY OF UNKNOWN SIGNIFICANCE, AORTIC AUREUS ANEURYSM, ABDOMINAL AORTIC ANEURYSM.	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER MELCHOR LU ONG M.D.	
116. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE KAISER PERMANENTE MED OFFICES 7300 N FRESNO ST, FRESNO, CA 9		117. LICENSE NUMBER C51542		118. DATE mm/dd/yyyy 01/05/2009	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not to be ascertained <input type="checkbox"/>		120. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours) 2145		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF REGISTRAR		130. DATE mm/dd/yyyy	

BK- 0409
PG- 2843
0741188 Page: 2 of 3 04/10/2009

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

JAN 09 2009

DATE ISSUED

Colony
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

P88-CO (Rev. 5/06)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

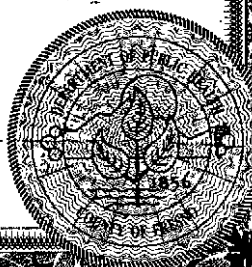


EXHIBIT "A"

(32)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 110 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-010

