4

A.P.N. # 1310-30-723 006 PTD ESCROW NO. ______RECORDING REQUESTED BY: STEWART TITLE COMPANY

DOC # 0769958 09/07/2010 10:09 AM Deputy: GB OFFICIAL RECORD Requested By: JAMES MORAN

> Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 4 Fee: BK-0910 PG-1192 RPTT:

17.00



WHEN RECORDED MAIL TO:
JAMES MORARD
10424 HERITAGE BAY Blud NAPIES FC34120
NNPIES 1-039100
AFFIDAVIT - DEATH OF JOINT TENANT
STATE OF NEVADA } } ss
COUNTY OF Douglas }
and says: That MARGARET M. MORAN , the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as <u>MARGARET M. MORAN</u> named
as one of the parties in that certain <u>Grant Deed</u> dated <u>September 24, 1992</u> executed by
Harich Tahoe Development, a Nevada general partnership
to James F. Moran and Margaret M. Moran, husband and wife as joint tenants,
recorded as Instrument No. 290413 , September 24, 1992
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof.
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof.
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof.
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof.
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: James F.Moran STATE OF Nevad A
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: STATE OF Nevada State of Nevada
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: James F. Moran STATE OF NEVADA Sss. COUNTY OF Douglas COUNTY OF Douglas COUNTY OF Douglas September 24, 1992 Douglas Douglas Douglas Douglas F. Moran
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: STATE OF NEVA A } See Exhibit 'A' attached hereto and by this reference made a part hereof.
recorded as Instrument No. 290413 , September 24, 1992 in Book 1092, Page 1571 , of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: See Exhibit 'A' attached hereto and by this reference made a part hereof. DATE: DATE: James F.Moran STATE OF Nevada Sss. COUNTY OF Douglas Sss. COUNTY OF Douglas Sss. This instrument was acknowledged before me on

PARCEL ONE:

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

(a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 33 of 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, all of Official Records Douglas County, State of Nevada. Except therefrom units 121 to 140 as shown and defined on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305 of Official Records.

(b) Unit No. 126 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40 and 41 as shown on said Tahoe Village Unit No. 3, Fifth Amended Map and as corrected by said Certificate of Amendment.

PARCEL FOUR:

(a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981 as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112 recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M., (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the 5th amended map of Tahoe Village No. 3, recorded October 29, 1981 as Document No. 61612 and amended by Certificate of Amendment recorded November 23, 1981 as Document No. 62661, Official Records, Douglas County, State of Nevada

PARCEL FIVE: .

The exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three and Four above during ONE "use week" within the summer "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17. 1982, as Document No. 71000 of said Official Records. The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

BK- 0910 PG- 1193 0769958 Page: 2 Of 4 09/07/2010

BK- 0910 PG- 1194 0769958 Page: 3 Of 4 09/07/2010

EXHIBIT "B" (33)

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 33 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 to 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 126 as shown and defined on said Condominium Plan; 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 096758, as amended, No. Declaration of Annexation of and The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 Summer "Season" defined in and in accordance with said Declarations.

APNS: 42-160-14

Ptn 1319-30-723-006

REQUESTED BY
REWART THE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'92 BET -9 AIO:11

SUZANNE BEAUDREAU

SOURCE PAID LO DEPUTY

SUZANNE BEAUDREAU

PAID LO DEPUTY

BOOK 1092 PAGE 1573

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CAL FILE NO. 1. DECEDENT'S NAME (First, Middle, Last, Suffix)		-0 34 7.3						~	
Margaret	M	ary		Mo	ranii:	<u> </u>		2. SEX	. , `
3. DATE OF BIRTH (Month, Day, Year)	4a AGE-Last Birthday	45 UNDER 1 YE		4c UNDER	I DAY -	5 DATE OF C	EATH (Month,	Fema Day,(Year)	le ;
June 2, 1946	(Years) 63	Months	Days ·	Hours	Minutes	1 1 1 h	er 19,		
6 SOCIAL SECURITY NUMBER 7 BIRTH	PLACE (City and State or Fo	oreign Country)	1 17 -	(in)	COUNTY OF		j. d.j	ppe	Jac.
A PLANE OF DEATH	roit, Michiga	in Silv	ŗj		Collie		4	837	<u>િંદ્ધું ક</u>
(Check only one) HUSETTALL INDA		cy Room/Curpatier		· Doad	on Amiyel 🖑		23		€1.¢
NON-HOSPITAL Hosp 10. FACILITY NAME (If not institution give street address	pice Facility Nursing I	ome/Long Tem C				Z Other (Specify			
	•		- 3			TION OF DEATH		" -	CITY LIMITS?
Frances Georgeson Hospic 12. MARITAL STATUS (Specify)	e House			Naple:		S NAME (II mile, gi	ve making cam		<u>▼</u> No
	_/ / Widowed D	Divorced	Nover Married	1	s,F. Mo				
14a, RESIDENCE - STATE	14b. COUNTY	3	HOVEL MALLIEU		TOWN, OR LO				1994
Plorida 💯 📜	Collier		*	, Napl	es. 🐇	o oa	× 1 n	0.1	
14d. STREET ADDRESS	# · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3	1	14a. APT NO	14L ZIP CODE	٠,	14g INSIDE	CITY LIMITS?
1 6225 Wilshire Pines Circ	le''.	8 23 10°	````	4 /	1504	34109	'	^{il} i <u> </u>	X No
15a DECEDENT'S USUAL OCCUPATION (Indicate type " Do not use "Retired"	of work done during mast ^^	of working life)	;	185 KIND	OF BUSINESSA	INDÚSTRY ,)	" »)	11
Nurse 16 DECEDENT'S RACE (Specify the receivaces to indic	reto what decodoot doorblo			Med	ical				٦
₩hite Black or Aincan A		1 1/2			nay be speciaeo			- s _ *	3,00
Asian Indian Chinese	mencanAmea FilipinoJaper	ibin Indian or Alasi nese Kon	1.5	4	: Sp 8			•	. /
Native Hawaiian Guamanan or Ch	The second secon		er Pacific tal. (_Vietnamesi sociolor		Other Asian (Specif	(Specify) .		.
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN?				dexican _	Piùerto Ricar			cuth Amenc	/
(Specify If decedent was at Hispanic or Halten Origin.)	3	12481 AT 1	1777	- Xher Hisopol		IN CHARM			Haitinn
18. DECEDENT'S EDUCATION (Specify the decedent's	highest degree or level of s	school completed et	t time of death.	·Į		<u></u>		CEDENT EV	
5in or less Figh school but	7 23 1 100000 1110	gh school diploma	or GED		g and in	- 10 m	U.S. AR	MED FORCE	37 7/6
College but no degree College degree	se (Specify) As		Bechelor's	Maater's		Doctorate	Yes	X No	54. 7
20. FATHER'S NAME (First, Milecile, Last, Surfix)	•		" "		die, Malden Su	mame)	- 2	1/2	25/40
Arthur Zimmerman			rgaret				3, 4	de	14.
James F. Moran		/	RELATIONSHI	r to DECEI	JENT 2	3a, INFORMANTS	MAILING ! ST	ATE .	
236. CITY OR TOWN	23c. STRF#	Hu:	sband'			Florida	- 1	ead. ZIP COL	¥ -
Naples	, ,	Wilshire	Pines	Circle	#1504	$\leq \cdot \setminus$	ľ	34109	
24. PLACE OF DISPOSITION (Name of cemetery, crem			ATION - STAT		***************************************	OCATION - CITY	R TOWN	34109	···
Shikany's Bonita Cremato	. 4 to	. Tio	rida	1	·	onita Spr		• • •	
284, METHOD OF DISPOSITIONBurlet	Entombrient V Cren	nahon Don	· · · · · · · · · · · · · · · · · · ·	lemővel from		Other (Specify)		n en	"0,2
266 IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER		BER (of Licensee)	27b. 5 G			VICE LICENSER	OF PERSON A	CTING AS S	исн 🖟
APPROVAL GRANTED? Y Yes	3101	251.0	▶ \	$\omega \mathcal{C} \mathcal{C}$	سمنفه	### ##	سيموس		"
28. NAME OF FUNERAL FACILITY				1 4	29a.F	ACILITY'S MAILIN	G - STATE	- : (\ . ·
Shikany's Bonita Funeral	Home .								11.
			- March 1	. , ,	T I	lorlda		-	
,	- 4	T ADDRESS	in Table	در ایر عشاری	THE PERSON NAMED IN COLUMN TWO	lorida ·	. 1 2	29d. ZIP COD	
Bonita Springs	2830	O Tamiami		795				34134	
Bonita Springs 50. CERTIFIER: X Cardifying Physician To th	2830 e best of my knowledge, dee	O Tamiami sth occurred at the	time, data and	place, and d	ust to the cavese	letic vermain, one (s)	ad	34134	_2 < 4
Bonita Springs	2830 e best of my knowledge, dee basis of examination, and/or	O Termi ami eth occurred at the investigation, in m	tme, data and y opinion, deat	place, and d	us to the cause the time, date	(s) and memor state	ed. e cause(a) and	34134	
Bonita Springs 50. CERTIFIER:	2830 e best of my knowledge, dee basis of examination, and/or	O Tamilami ath occurred at the investigation, in m th. DATE SIGNED	tme, data and y opinion, deat	place, and d	us to the cause the time, date	(s) and memor state	ed. e cause(a) and	34134	_2 = 4
Bonita Springs 50. CERTIFIER: Certifying Physician - To the (Check one) Medical Examiner - On the to 31a. (Signature and This of Certifier)	2830 e best of my knowledge, dee pasts of examination, and/or	O Tamilami ath occurred at the investigation, in m th. DATE SIGNED	tme, dete and y opinion, deat (rym/dd/yyyy)	ptace, and d fi occurred at 32 TIME O 145	the lime, date a FDEATH (24 h	(s) and memor state	ed. e cause(e) end EXAMINERS	34134 marrier state CASE NUMB	_2 = 4
Bonita Springs 50. CERTIFIER:	2830 e best of my knowledge, dee pasts of examination, and/or	O Tamilami ath occurred at the investigation, in m th. DATE SIGNED	tme, dete and y opinion, deat (rym/dd/yyyy)	ptace, and d fi occurred at 32 TIME O 145	she time, date a	(e) and attender state and place, due to the v.) 33. MEDICAL	ed. e cause(e) end EXAMINERS	34134 marrier state CASE NUMB	_2 = 4
Bonita Springs 50. CERTIFIER: Certifying Physician - To the Control of Control o	2830 e best of my knowledge, dee pasts of examination, and/or	of Tami, am. in the course of the investigation, in my th. DATE SIGNED	time, dete and y opinion, deat (pm/dd/y/m/)	prace, and do n occurred at 32 THAIE O 145	she to the cause she time, date a FDEATH (24 h	(e) and attender state and place, due to the v.) 33. MEDICAL	ed. e cause(s) and EXAMINERS S (AN (It other th	34134 marrier state CASE NUMB	ed.
Bonita Springs 50. CERTIFIER:	2830 e best of my knowledge, dee basis of examination, and/or SCLLMD 3 ERIS NAME HUL G. M	O Tamiamia difficulty designation, in my the DATE SIGNED A CHE 3 SC. STRE 109	time, dete and y opinion, deat (gmiddyym) 2009	prace, and do n occurred at 32 THAIE O 145	she to the cause she time, date a FDEATH (24 h	(et and disminer state and place, due to the control of the contro	e cause(s) and EXAMINERS	34134 marmer state CASE NUMB en Certifier) ed, ZIP GOE 34105	ed.
Bonita Springs 50. CERTIFIER: Certifying Physician - To the Crimek one) Medical Examiner - On the to Standard Title of Certifier) \$10. CERTIFIERS - STATE S50. CETY OF TOWN	2830 e best of my knowledge, dee basis of examination, and/or SCLLMD 3 ERIS NAME HUL G. M	of Tami, am. in the course of the investigation, in my th. DATE SIGNED	time, dete and y opinion, deat (gmiddyym) 2009	prace, and do n occurred at 32 THAIE O 145	she to the cause she time, date a FDEATH (24 h	(c) and disminer state and place, due to the state of the	ed. • cause(n) and EXAMINER S IAN (R other th	34134 manner state CASE NUMB en Centifer) 64, ZIP GOE 34105 TRAR (Mo., I	ed.
Bonita Springs 30. CERTIFIER:	2830 e best of my knowledge, dee basis of examination, and/or EPI'S NAME 38e. LOSAL	Tamiami ath occurred at the investigation, in my the DATE SIGNED TCHE See STRE 109 REGISTRAN-SI	time, data and y opinion, deat (gm/ddy)m) 2009 LL / LET ADDRESS 5 Whipp opinions	prace, and do n occurred at 32 THAIE O 145	she to the cause she time, date a FDEATH (24 h	(c) and disminer state and place, due to the state of the	e cause(s) and EXAMINERS	34134 marmer state CASE NUMB en Certifier) ed, ZIP GOE 34105	ed.
Bonita Springs 50. CERTIFIER:	2830 e best of my knowledge, dee pasts of examination, and/or ELLAND 3 ER'S NAME HUL G. M 38e. LOSAL are under the tursdiction of	O Tamiami sit occurred at the investigation in mi th DATE SIGNED 7 CHE 960 STRE 109 REGISTRAN - SI	time, dette and y opinion, deate (igm/dd/ym/) 2009 21. EET ADDRESS 5 Whipp gnature)	pacs, and din occurred at 22 Time 0 145	sis to the causes to the causes to the causes to the cause to the caus	(et and disminer state and place, due to the control of the contro	ed. a cause(s) and EXAMINER S. IAN (Rother In	manner state CASE NUMB an Contiler) an Contiler) 3410 5 TRAR (Mo. 1 2009 EXAMINER	ad. HER DUE TO
Bonita Springs 30. CERTIFIER: X Certifying Physician - To the Check one) Medical Examiner - Or the 1 31a. (Signature and Title of Certifier) 34a. LICENSE NUMBER (St Certifier) 34a. LICENSE NUMBER (St Certifier) 34a. LICENSE NUMBER (St Certifier) 34b. CERTIFIERS - STATE SSD. CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Signature and Date 38. PROBABLE MANNER OF DEATH The following X Natural 41. CAUSE OF DEATH - PART 1. Enfer the observed.	2830 e best of my knowledge, dee basis of examination, and/or ELLAND 31 288, LOSAL are under the jurisdiction of the property of the prop	Tamiama ath occurred at the investigation, in my the medical examination the medical examination the medical examination the controllection is the complete to the comple	tme, dete and y opinion, dete and typmodynny) LOOG. LI PL ET ADDRESS 5 While pr populary Date: The properties and the control of the properties and the control opinion and th	placs, and of the occurred at 132 TIME O 145 13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a causa(n) and Examiner is a causa(n) and (if other in the ca	marrier state CASE NUMB an Certifier) an Certifier) 3410 5 TRAR (Mo. 1	DUE TO NO.
Bonita Springs 30. CERTIFIER: Certifying Physician - To the Control of Control of Certifier) 31a. (Signature and Title of Certifier) 34a. LICENSE NUMBER (of Certifier) 34a. LICENSE NUMBER (of Certifier) 34b. CERTIFIERS - STATE SSD. CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Signature and Date X Natural Accelerate Ac	2830 e best of my knowledge, dee pasts of examination, and/or ELLAND 3 ER'S NAME HUL G. M 38e. LOSAL are under the tursdiction of	Tamiama ath occurred at the investigation, in my the medical examination the medical examination the medical examination the controllection is the complete to the comple	tme, dete and y opinion, dete and typmodynny) LOOG. LI PL ET ADDRESS 5 While pr populary Date: The properties and the control of the properties and the control opinion and th	placs, and of the occurred at 132 TIME O 145 13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	34134 manner state case Nume case Nume case Certifier) 34105 TRAR (Mo. I. 2009 EXAMINER Yes X	ed. EE DUE TO No errest.
Bonita Springs 50, CERTIFIER:	2830 e best of my knowledge, dee basis of examination, and/or ELLAND 31 288, LOSAL are under the jurisdiction of the property of the prop	Tamiama ath occurred at the investigation, in my the medical examination the medical examination the medical examination the controllection is the complete to the comple	tme, dete and y opinion, dete and typmodynny) LOOG. LI PL ET ADDRESS 5 While pr populary Date: The properties and the control of the properties and the control opinion and th	placs, and of the occurred at 132 TIME O 145 13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	marmer state CASE NUME on Continer) and Cartifer) and ZiP GOD 34105 TRAR (Mo. I 2009 EXAMINER Yes X prox/meter almost	ed. EE DUE TO No errest.
Bonita Springs 50, CERTIFIER: X Certifying Physician - To the (Check one) Medical Examiner - On the 131a, (Signature and Title of Certifier) 31a, (Signature and Title of Certifier) 34a, LICENSE NUMBER (of Certifier) 34a, LICENSE NUMBER (of Certifier) 34b, CERTIFIERS - STATE SSD, CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Signature and Data 38. PROBABLE MANNER OF DEATH The following X Natural 41. CAUSE OF DEATH - PART I, Enter the Gland of Certifier (Inc.) MMEDIATE CAUSE (Final disease of condition (Inc.)	2830 e best of my knowledge, dee basis of examination, and/or ELLAND 31 288, LOSAL are under the jurisdiction of the property of the prop	Tamiama ath occurred at the investigation, in my the medical examination the medical examination the medical examination	tme, dete and y opinion, dete and typmodynny) LOOG. LI PL ET ADDRESS 5 While pr populary Date: The properties and the control of the properties and the control opinion and th	pace, and of the occurred at the occurred at 122 Thate 0 145; and 13 are the occurred at the occurrence of the occurrence of the occurrence occ	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	marmer state CASE NUME on Continer) and Cartifer) and ZiP GOD 34105 TRAR (Mo. I 2009 EXAMINER Yes X prox/meter almost	ed. EE DUE TO No errest.
Bonita Springs 30. CERTIFIER: Certifying Physician - To the Control of Control of Certifier Standard American Title of Certifier 34a. LICENSE NUMBER 60 Certifier 34b. CERTIFIERS - STATE SSb. CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Stynature and Date 38. PROBABLE MANNER OF DEATH The lottening X Natural Accident 41. CAUSE OF DEATH - PART I. (See instruction to back) DO NOT enter fem IMMEDIATE CAUSE (Final disease or consider Imagining in ceasing Sequenticity list condainors 1 any, leading to the cause 1 any, leading to the cause	2830 e best of my knowledge, dee basis of examination, and/or ELLAND 31 288, LOSAL are under the jurisdiction of the property of the prop	Tamiama ath occurred at the investigation, in my the medical examination the medical examination the medical examination	tme, deta and y opinion, death of typinion, death of typinion deat	pace, and of the occurred at the occurred at 122 Thate 0 145; and 13 are the occurred at the occurrence of the occurrence of the occurrence occ	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	34134 marrier staticase NUME an Contiler) and Cartier Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Continent Staticase Numericase Numericas	ed. EE DUE TO No errest.
Bonita Springs 50. CERTIFIER: Certifying Physician - To the Control of the	2830 e best of my knowledge, dee pasts of examination, and/or ELLAN 38e. LOSAL BRIS NAME ALLAN 38e. LOSAL ALLAN ALLAN BRIS NAME ALLAN ALLAN ALLAN BRIS NAME ALLAN BRIS ALLAN ALLAN BRIS ALLAN ALLAN BRIS ALLAN ALLAN BRIS ALL	Tamiama ath occurred at the investigation, in my the DATE Signed TOHE 109 REGISTRAN-SI The maddled country which is comprised to the country (place to the country thank of the	tme, deta and y opinion, death of typinion, death of typinion deat	pace, and of noccurred at noccurred at 122 Thate O 145;	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	34134 marrier staticase NUME an Contiler) and Cartier Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Continent Staticase Numericase Numericas	ed. EE DUE TO No errest.
Bonita Springs 50, CERTIFIER: X Certifying Physician - To the (Check one) Medical Examiner - On the 1 31a, (Signature and Title of Certifier) S4a, LICENSE NUMBER (of Certifier) S4a, LICENSE NUMBER (of Certifier) S4b, CERTIFIERS - STATE S5b, CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Signature and Data S5, PROBABLE MANNER OF DEATH The lottening Accident 11. CAUSE OF DEATH - PART I, Enfer the Shan of I, Cause of Certifier in Cause (Final disease or corbidion reading in death) Sequentially list conditions, and lary, Issafing in custom.	2830 e best of my knowledge, dee pasts of examination, and/or ELLAN 38e. LOSAL BRIS NAME ALL G. 38e. LOSAL ALL G. Brusste All G. Synaste Manual event such as carding: ELLAN Manual event such as carding: ELLAN Manual event such as carding: ELLAN Manual event such as carding:	Tamiama ath occurred at the investigation, in my the DATE Signed TOHE 300 STRE 109 REGISTRAN Toughtabors The reset, respiratory 1096 to 19	time, dette and y opinion, death of y opinion, death of the second of th	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O 155 TIME O	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	34134 marrier staticase NUME an Contiler) and Cartier Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Continent Staticase Numericase Numericas	ed. EE DUE TO No errest.
BONITA SPINGS 30. CERTIFIER: Certifying Physician - To the Chert Control of Cont	2830 e best of my knowledge, dee pasts of examination, and/or ELLAN 38e. LOSAL BRIS NAME ALL G. 38e. LOSAL ALL G. Brusste All G. Synaste Manual event such as carding: ELLAN Manual event such as carding: ELLAN Manual event such as carding: ELLAN Manual event such as carding:	Tamiama ath occurred at the investigation, in my the DATE Signed TOHE 300 STRE 109 REGISTRAN Toughtabors The reset, respiratory 1096 to 19	time, deta and y opinion, death (principle) (principle	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O 155 TIME O	se to the causes the time, date is TDEATH (24 M D) 5. NAME OF AT 1. Lin	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINEETS I	34134 marrier staticase NUME an Contiler) and Cartier Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Contiler Staticase NUME and Continent Staticase Numericase Numericas	ed. EE DUE TO No errest.
Bonita Springs 50, CERTIFIER: X Certifying Physician - To the (Check one) Medical Examiner - On the 1 31a, (Signature and Title of Certifier) Substitution of the Certifier of Certifie	at the second se	Tamiams at account at the investigation, in my the DATE SIGNED COLOR TO Sec. STRE 109. REGISTRAN - S. The make a suppression of the color of the c	time, dette and y opinion, death of tymodynny) DODG LET ADDRESS Whit pp Donatory Jan destroy Jan destroy Jan destroy Let a College A destroy Let a College Let a	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O	se to the cruses the time, date is TDEATH (24 to D). S. NAME OF AT I. Lin. D. A. Creater only one on selection of the cruse on selection of the create on	(c) and disminer state and place, due to the control of the contro	ed. a cause(a) and EXAMINER S EXAMINER S ED BY REGIST ED BY REGIST ED ATHY	manner state CASE NUMS an Certifier) Ad 10 5 TRAR (Mo. I. 2009 EXAMINER Yes X Procurated with Onsert to Dec	DUE TO NO STATE OF THE STATE OF
Bonita Springs 50, CERTIFIER: X Certifying Physician - To the (Cherk one) Medical Examiner - On the 1 31a, (Signature and Title of Certifier) S4a, LICENSE NUMBER (of Certifier) S4b, LICENSE NUMBER (of Certifier) S4b, LICENSE NUMBER (of Certifier) S4c, CERTIFIERS - STATE S5b, CITY OR TOWN Florida Naples 37. SUBREGISTRAR - Signature and Data 41. CAUSE OF DEATH - PART I. Enter the Shan off, (See Instructions on back) 10. ONOT actes from MMEDIATE CAUSE (Final disease or condition restring in death) Sequentially list conditions, in any, leading to the cause istaction fine a Enter the underty may cause istaction for a Enter the underty may cause istaction for a Enter the substantial cause istaction for a Enter the substantial cause istaction for a Enter the underty may cause istaction for a Enter the substantial cause is a substantial ca	at the second of	Tamiams at account at the investigation, in my the DATE SIGNED COLOR TO Sec. STRE 109. REGISTRAN - S. The make a suppression of the color of the c	time, dette and y opinion, death of tymodynny) DODG LET ADDRESS Whit pp Donatory Jan destroy Jan destroy Jan destroy Let a College A destroy Let a College Let a	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O	sis to the crusses the time, data is TDEATH (24 in 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(c) and diemier state and place, due to the control of the control	ED BY REGISTION APPLICATION OF COMPLETE OF	marrier state CASE NUMBER CASE NUMBER CASE NUMBER CASE NUMBER CASE NUMBER CASE NUMBER CASE CASE CASE CASE CASE CASE CASE CASE	DUE TO NO Servisit think
Bonita Springs 50. CERTIFIER: X Cartifying Physician - To the to (Cherk one) Medical Examiner - On the total	2830 e best of my knowledge, dee pasts of examination, and/or ELLAN 38e. LOSAL BRIS NAME AUL G. Mi 38e. LOSAL Suitable All Agrands Agrands Agrands Agrands Bull or office and agrands Bull of agrands Bull or office and agrands Bull office and agrands Bull or office and agrands Bull	Tamiams aft occurred at the investigation, in my th. DATE SIGNED T. C.H.E. Sec. STRE 109 REGISTRAN-S TOTO The madical scanner match Pen tomphestoria by tamest, respiratory tamest,	time, dette and y opinion, death of tymologymol property of the property of th	pace, and of the occurred at the occurred at 122 Thate O 145 Thate	set to the causes the time, date is TOEATH (24 ft to	cel and disminer sites and place, due to the site of t	ED BY REGISTAND APPLICATION OF COMPLETE YOU COMPLETE YOU	marrier state CASE NUMB AND Contilier AND CONTINE AND	DUE TO NO Servisit think
Bonita Springs 50. CERTIFIER: X Cartifying Physician - To the to (Cherk one) Medical Examiner - On the total	2830 e best of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of e	Tamiams aft occurred at the investigation, in my th. DATE SIGNED T. C.H.E. Sec. STRE 109 REGISTRAN-S TOTO The madical scanner match Pen tomphestoria by tamest, respiratory tamest,	time, dette and y opinion, death of tymologymol property of the property of th	pace, and of the occurred at the occurred at 122 Thate O 145 Thate	set to the causes the time, date is TOEATH (24 ft to	cel and diemine state and place, due to th and place and the total and and the to	ED BY REGISTAND APPLICATION OF COMPLETE YOU COMPLETE YOU	marmer state CASE NUMB AND CASTERNAM AND CAS	DUE TO NO. NO. AVAILABLE COF DEATH?
Bonita Springs 50. CERTIFIER: X Cartifying Physician - To the to (Cherk one) Medical Examiner - On the total	2830 e best of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of e	Tamiams aft occurred at the investigation, in my th. DATE SIGNED T. C.H.E. Sec. STRE 109 REGISTRAN-S TOTO The madical scanner match Pen tomphestoria by tamest, respiratory tamest,	time, dette and y opinion, death of tymologymol property of the property of th	pace, and of the occurred at the occurred at 122 Thate O 145 Thate	the to the causes the time, date is T DEATH (24 in D D D D D D D D D D D D D D D D D D	col and disminer state and place, due to the state of the	ED BY REGISTED APPLIES OF COMPLETE YOS OF COMPLETE YOS	marmor state CASE NUMB AND Contiller) AND Contiller	DUE TO NO. NO. AVAILABLE COF DEATH?
BONITA SPINGS 50. CERTIFIER: Cartifying Physician - To the (Cherk one) Medical Examiner - On the to (Cherk one) Medical Examiner - On the to (Cherk one)	2830 e best of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of e	O Tamiami at the investigation in my the DATE SIGNED CALL COMPANY OF THE SIGNED CALL CALL CALL CALL CALL CALL CALL CAL	time, dette and y opinion, death of the part L. A. Control of the part L. C	pace, and of the occurred at the occurred at 122 Thate O 145 Thate	the to the causes the time, date is T DEATH (24 in D D D D D D D D D D D D D D D D D D	cel and disminer sites and place, due to the site of t	ED BY REGISTED APPLIES OF COMPLETE YOS OF COMPLETE YOS	marmer state CASE NUMB AND Certifier) AND Certifier	DUE TO NO
BONITA SPINGS 50, CERTIFIER: X Cartifying Physician - To the Control of the Cont	abast of my knowledge, dee basts of examination, and/or state of examination, and/or state of examination, and/or state of examination of the tender the tender the tender the tender the tender the tender of the t	O Tamiamo al tre investigation, in my the DATE SIGNED COLUMN TO CHE SINCE COLUMN TO CHE SIGNED COLUMN TO CHE SIGNED COLUMN TO CHE SIGNE	time, dette and y opinion, death of the part L. A. Control of the part L. C	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	se to the causes the time, date is TOEATH (24 h O) 5. NAME OF AT 1. Lin Colormined Enter only one on retinout shows the color of the c	(e) and disminer sites and place, due to the control of the contro	ED BY REGISTED APPLICATION OF COMPLETE COMPUTETE COMPUTETA COMPUTE	marmer state CASE NUMB AND Certifier) AND Certifier	DUE TO NO
BONITE SPINGS 50. CERTIFIER:	abest of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of th	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the part L. A. Control of the part L. C	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	set to the causes the time, data is T DEATH (24 fr D D D D D D D D D D D D D D D D D D	(e) and disminer sites and place, due to the control of the contro	ED BY REGISTED APPLICATION OF COMPLETE COMPUTETE COMPUTETA COMPUTE	marmer state CASE NUMB AND Certifier) AND Certifier	DUE TO NO
BONITA SPINGS 50, CERTIFIER: X Cartifying Physician - To the Control of the Cont	are under the jurisdiction of the sunday department of the sundation of th	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the property of the proper	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	set to the causes the time, data is T DEATH (24 fr D D D D D D D D D D D D D D D D D D	ici and disminer sites and place, due to the control of the contro	ed. a cause(n) and EXAMINER S. EXAMINER S. ED BY REGIST TO MEDICAL DEA THY API API API FERE AUTOPS O COMPLETE Yes FRIBUTE TO D Probable In 43 days to 4	marmer state CASE NUMB AND Certifier) AND Certifier	DUE TO NO Servist with AVAILABLE COF DEATH?
BONITA SPINGS SO, CERTIFIER: X Cartifying Physician - To the (Check one) Medical Examiner - On the 1 (Check one) Medical Examiner - On the 2 (Check one) Medical Exam	abest of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of th	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the property of the proper	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	set to the causes the time, data is T DEATH (24 fr D D D D D D D D D D D D D D D D D D	cel and different state and place, due to the control of the contr	ACTION AND ACTION ACTION AND ACTION	marmor state CASE NUMBER OF CONTROL STATE OF CONTROL STAT	DUE TO NO STORES AVAILABLE OF DEATH?
BONITA SPINGS SO, CERTIFIER: X Cartifying Physician - To the (Check one) Medical Examiner - On the 1 (Check one) Medical Examiner - On the 2 (Check one) Medical Exam	abest of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of th	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the property of the proper	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	set to the causes the time, data is T DEATH (24 fr D D D D D D D D D D D D D D D D D D	colonia state and discolonia s	ACTION AND ACTION ACTION AND ACTION	manner state CASE NUMBER OF THE CAUSE NO PRODUCTION OF THE CAUSE THE CAUSE OF THE C	DUE TO NO NO CONTROL OF THE CONTROL OF T
BONITE SPINGS 50. CERTIFIER:	abest of my knowledge, dee pasts of examination, and/or pasts of examination of the pasts of examination of th	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the property of the proper	pace, and of nocumed at nocumed at 22 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 145 Thate 0 15 Th	is to the cause the lime, date is T DEATH (24 in D A D A D A D A D A D A D A D A D A D	colonia state and discolonia s	ACTION OF THE PROJECT	manner state CASE NUMBER OF THE CAUSE NO PRODUCTION OF THE CAUSE THE CAUSE OF THE C	DUE TO NO NO CONTROL OF THE CONTROL OF T
BONITA SPINGS SO, CERTIFIER: X Cartifying Physician - To the (Check one) Medical Examiner - On the 1 (Check one) Medical Examiner - On the 2 (Check one) Medical Exam	2830 a best of my knowledge, dee basis of examination, anxivor CRIS NAME 388, LOSAL 38	O Tamilami althocoursed at the investigation, in my th. DATE Signed T CHE 3 sc. STRE 109 REGISTRAN S TOUGHE SIGNED TOUGHE 3 sc. STRE 109 REGISTRAN S TOUGHE	time, dette and y opinion, deat tymoddynny ET ADDRESS 5 Will pp gonature y opinion act tymoddynny ET ADDRESS 5 Will pp gonature y opinion act the dip investigat an directly cau and the dip count and the dip count to a consider the consideration th	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O	sis to the cause the lime, date is DEATH (24 in D S NAME OF AT LID	colonia state and discolonia s	ACTION OF THE PROJECT	manner state CASE NUMBER OF THE CAUSE NO PRODUCTION OF THE CAUSE THE CAUSE OF THE C	DUE TO NO NO CONTROL OF THE CONTROL OF T
BONITA SPINGS 50. CERTIFIER: X Cartifying Physician - To the (Check one) Medical Examiner - On the 1 (Check one) Medical Exam	2830 a best of my knowledge, dee basis of examination, and/or CRIS NAME ARE UND BRIS NAME BR	Tamiama aft occurred at the investigation in my th DATE SIGNED CHE Sec. STRE 109 REGISTRAN - SI CHE CHE CHE CHE CHE CHE CHE CH	time, dette and y opinion, death of the part L. M. M. OP SURGERY MOPK? Pedeet: No. 1 Pedeet: No. 2 Pedeet: Pedeet: No. 2 Pedeet: Pedeet: No. 2 Pedeet: Pedeet: No. 2 Pedeet:	pace, and of the occurred at the occurred at 12 TIME O 145 TIME O	is to the cause the lime, date is T DEATH (24 in D A D A D A D A D A D A D A D A D A D	colonia state and discolonia s	ACTION OF THE PROJECT	manner state CASE NUMBER OF THE CAUSE NO PRODUCTION OF THE CAUSE THE CAUSE OF THE C	DUE TO NO NO CONTROL OF THE CONTROL OF T



WARNING:

36512403

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED