

CERTIFICATION OF VITAL RECORD

**STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER
990186

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN		2. SEX	3. DATE OF DEATH
Richard Stafford Johnson		Male	February 2, 1999
4. DATE OF BIRTH	5. AGE (IN YEARS) MO. DAYS (HOURS) MIN.	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
June 20, 1933	65	(Unknown), Texas	4667
8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? YES NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES NO
Caucasian	NO		NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEMENTARY OR SECONDARY (D-12) COLLEGE (13-16, 17+)	12. MARITAL STATUS		
17+	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
	Mirikka Maki	Computers	U.S. Army
15a. RESIDENCE STREET ADDRESS		15b. CITY OR TOWN	
6 Mildenhall Lane		San Antonio	
15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Bexar	Texas	78218	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME	
Harry Johnson		Rosemary (Unknown)	
18. PLACE OF DEATH (CHECK ONLY ONE)			
<input type="checkbox"/> HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)			
19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address)	
Bexar	San Antonio	Normandy Terrace Northeast	
22. INFORMANT - SIGNATURE & RELATIONSHIP		23. MAILING ADDRESS OF INFORMANT	
Mirikka Johnson (Wife)		6 Mildenhall Lane San Antonio, Texas 78218	
24. METHOD OF DISPOSITION		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. SECTION
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		Crematory Associates of Texas, Inc.	
		25c. LOCATION (CITY, STATE)	25d. BLOCK
		San Antonio, Texas	
		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	25e. SPACE
		John R. Diskerud #11367	Unknown <input checked="" type="checkbox"/>
		26. DATE OF DISPOSITION	25f. NAME & ADDRESS OF FUNERAL HOME
		February 4, 1999	American Mortuary 810 West Avenue San Antonio, Texas 78201
30. CERTIFIER			
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE			
31. SIGNATURE OF PHYSICIAN		32. DATE SIGNED	33. TIME OF DEATH
<i>[Signature]</i>		M.D. MO. DAY YEAR 2 4 99	10:15 P. M.
34. PRINTED NAME & ADDRESS OF CERTIFIER			
Thomas Johnson, M.D., MC 3851 Roger Brooke Dr., BLDG 3600, Fort San Houston, Texas 78234			
35. PART 1 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.			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Metastatic Non-Small Cell Lung Cancer			10 mos.
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)		36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			<input type="checkbox"/> YES <input type="checkbox"/> NO
	41d. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		
	41e. DESCRIBE HOW INJURY OCCURRED		
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR	
02 00784	FEB 05 1999	<i>Fernando Q. Flores</i>	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 196b)
 VS-112 REV. 9/95 411629

487555

CERTIFIED COPY
 THIS IS A CERTIFIED TRUE AND EXACT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
 DATE ISSUED
FEB 08 1999
 FERNANDO Q. FLORES
 Registrar
 WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

BK- 1210
 PG- 4024
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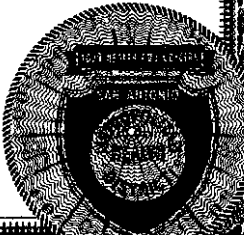


EXHIBIT "A"

(37)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 199 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 No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week every other year in the Even -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-110