

ON REVERSE SIDE)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

STATE USE ONLY

4c Hosp

5 Type

6 Hosp Race

10 Age

15 Resid

15 Out-State

23 Disp

31-32 Autop

34 Manner

35c Work Inj

35l Place

36-37 Cert

40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

1 DECEASED NAME FIRST MIDDLE LAST: Miles Charles O'Donnell

2 SEX: Male

3 DATE OF DEATH (Mo., Day, Yr.): November 12, 2006

4a PLACE OF DEATH (City/Town): Lawrence

4b COUNTY OF DEATH: Essex

4c HOSPITAL OR OTHER INSTITUTION: Lawrence General Hospital

5a PLACE OF DEATH (Check only one): Inpatient ER/Outpatient DOA

5b OTHER: Nursing Home Residence Other (Specify)

6 SOCIAL SECURITY NUMBER: 3697

7 IF US WAR VETERAN SPECIFY WAR

8a WAS DECEASED OF HISPANIC ORIGIN? NO YES

8b RACE (e.g. White, Black, American Indian, etc.): White

9 DECEASED'S EDUCATION (Highest Grade Completed): 5+

10a AGE - Last Birthday (Yrs.): 68

10b UNDER 1 YEAR: MOS, DAYS, HOURS, MINS

10c UNDER 1 DAY: HOURS, MINS

10d DATE OF BIRTH (Mo., Day, Yr.): Dec. 15, 1937

10e BIRTHPLACE (City and State or Foreign Country): Buffalo, New York

11a MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED: Married

11b LAST SPOUSE (If wife, give maiden name): Marcia Sayles

11c USUAL OCCUPATION (Prior - If Retired): Engineer

11d KIND OF BUSINESS OR INDUSTRY: Self Employed

12 RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY: 50 Sagamore Drive, Andover, Essex, Massachusetts

12a FATHER - FULL NAME: James L. O'Donnell, Sr.

12b STATE OF BIRTH (If not in US, name country): Michigan

12c MOTHER - NAME (GIVEN) (MAIDEN): Doris Callahan

12d STATE OF BIRTH (If not in the US, name country): New York

13 INFORMANT'S NAME: Marcia S. O'Donnell

14 MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE: 50 Sagamore Dr. Andover, MA. 01810

15 RELATIONSHIP: Wife

16 23 METHOD OF IMMEDIATE DISPOSITION: BURIAL CREMATION REMOVAL FROM STATE DONATION OTH. SPEC.

17 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE: Charles R. Breen

18 LICENSE #: 7001

19 PLACE OF DISPOSITION (Name of Cemetery, Crematory or other): Harvard Medical School

20 LOCATION (City/Town, State): Boston, Massachusetts

21 DATE OF DISPOSITION (Mo., Day, Yr.): Nov. 15, 2006

22 NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE: 122 Amesbury Street, John Breen Memorial Funeral Home Inc. Lawrence, MA. 01841

23 PART I - Enter the disease, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.

24 IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIAC ARREST

25 DUE TO (OR AS A CONSEQUENCE OF): b. PRESUMED MYOCARDIAL INFARCTION

26 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINUTES

27 SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.

28 PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

29 WAS AUTOPSY PERFORMED? (Yes or No): NO

30 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): NO

31 MED. EXAM NOTIFIED? (Yes or No): YES

32 MANNER OF DEATH: NATURAL HOMICIDE COULD NOT BE DETERMINED

33 DATE OF INJURY (Mo., Day, Yr.):

34 TIME OF INJURY:

35 INJURY AT WORK (Yes or No):

36 DESCRIBE HOW INJURY OCCURRED:

37 PLACE OF INJURY (At home, farm, street, factory office bldg., etc.) Specify:

38 LOCATION (No. & St., City/Town, State):

39 To be Completed by CERTIFYING PHYSICIAN ONLY: 36a Signature and Title: Stephen Y.K. Friedman M.D.

39 DATE SIGNED (Mo., Day, Yr.): NOVEMBER 12, 2006

39 HOUR OF DEATH: 12:22 AM

39 NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER: DR. WINIKOFF, MASS GEN. HOSPITAL

40 To be Completed by MEDICAL EXAMINER ONLY: 37a Signature and Title: William J. Hudney

40 DATE SIGNED (Mo., Day, Yr.):

40 HOUR OF DEATH:

40 PRONOUNCED DEAD (Mo., Day, Yr.):

40 PRONOUNCED DEAD (Hr.):

40 LICENSE NO. OF CERTIFIER: 155751

41 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): STEPHEN Y.K. FRIEDMAN, M.D. LAWRENCE GENERAL HOSPITAL, LAWRENCE, MA

42 WAS THERE A PRONOUNCEMENT FORM? (Yes or No): NO

43 IF YES, DATE PRONOUNCED:

44 IF YES, TIME PRONOUNCED:

45 NAME OF PRONOUNCER: William J. Hudney

46 TITLE: City Clerk

47 DATE BURIAL PERMIT ISSUED: November 14, 2006

48 RECEIVED IN THE CITY/TOWN OF: Lawrence

49 CLERK'S SIGNATURE: William J. Hudney

49 DATE OF RECORD: NOV. 14, 2006

Pronouncement of Death Form (R-302) on File:

PERMANENT BLACK INK ONLY

R-301-05



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A TRUE COPY ATTEST

William J. Hudney
City Clerk

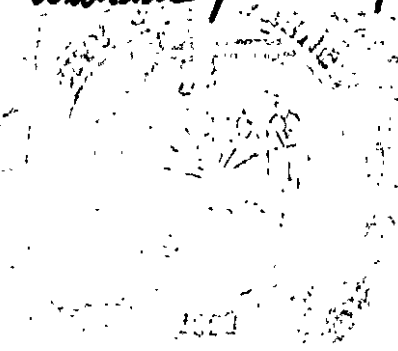


EXHIBIT "A"

(37)

An undivided 1/51st 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. 071 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 each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-038