



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN DIEGO**

**CERTIFICATE OF DEATH**

3201037014622

IN 9011231

|  |   |  |  |
|--|---|--|--|
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>JOYCE</b>  |   | 2. MIDDLE<br><b>ANN</b>  | 3. LAST (Family)<br><b>TEPPER</b>  |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)  |   |  |  |
| 4. DATE OF BIRTH mm/dd/yyyy<br><b>06/13/1938</b>   | 5. AGE Yrs<br><b>72</b>   | 6. UNDER ONE YEAR<br>Months Days<br><b>7 28</b>  | 7. UNDER 90 HOURS<br>Hours Minutes Seconds<br><b>0351</b>                                      |
| 8. BIRTH STATE-FOREIGN COUNTRY<br><b>NEW JERSEY</b>  | 10. SOCIAL SECURITY NUMBER<br><b>1716</b>   | 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                 | 12. MARITAL STATUS (at Time of Death)<br><b>MARRIED</b>  |
| 13. EDUCATION - Highest Level (Degree)<br><b>HS GRADUATE</b>   | 14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>WHITE</b>  |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>BUSINESS OWNER</b>  |   | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)<br><b>RESTAURANT</b>  |  |
| 19. YEARS IN OCCUPATION<br><b>45</b>   |   |  | 7  |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>3450 LAKE TAHOE BLVD</b>   |   |  |  |
| 21. CITY<br><b>SOUTH LAKE TAHOE</b>  |   | 22. COUNTY/PROVINCE<br><b>EL DORADO</b>  | 23. ZIP CODE<br><b>96150</b>   |
| 24. YEARS IN COUNTY<br><b>72</b>   |   | 25. STATE/FOREIGN COUNTRY<br><b>CALIFORNIA</b>   |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br><b>SHELDON W. TEPPER, HUSBAND</b>  |   | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>3450 LAKE TAHOE BLVD, SOUTH LAKE TAHOE, CA 96150</b> |  |
| 28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST<br><b>SHELDON</b>  |   | 29. MIDDLE<br><b>WILLIAM</b>   | 30. LAST (BIRTH NAME)<br><b>TEPPER</b>   |
| 31. NAME OF FATHER/PARENT-FIRST<br><b>MILAN</b>  |   | 32. MIDDLE<br><b>MATEYKA</b>   | 34. BIRTH STATE<br><b>NJ</b>   |
| 33. NAME OF MOTHER/PARENT-FIRST<br><b>ANN</b>  |   | 36. MIDDLE<br><b>DE HART</b>   | 38. BIRTH STATE<br><b>NJ</b>   |
| 39. DEPOSITION DATE mm/dd/yyyy<br><b>09/29/2010</b>  |   | 40. PLACE OF FINAL DISPOSITION<br><b>RES OF SHELDON W. TEPPER<br/>3450 LAKE TAHOE BLVD, SOUTH LAKE TAHOE, CA 96150</b>   |  |
| 41. TYPE OF DISPOSITION<br><b>CR/RES</b>   |   | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>   | 43. LICENSE NUMBER   |
| 44. NAME OF FUNERAL ESTABLISHMENT<br><b>CLAIREMONT MORTUARY</b>  |   | 45. LICENSE NUMBER<br><b>FD 1126</b>   | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>WILMA WOOTEN, MD</b>                                    |
| 47. DATE mm/dd/yyyy<br><b>09/28/2010</b>   |   | 50   |  |
| 101. PLACE OF DEATH<br><b>FOUND, CONDOMINIUM</b>   |   | 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> EWOP <input type="checkbox"/> DCH <input type="checkbox"/> N/A               |  |
| 103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>10325 CAMINITO CUERVO, UNIT 172</b>   |   | 104. CITY<br><b>SAN DIEGO</b>  |  |
| 107. CAUSE OF DEATH - Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.<br><b>PARTIAL SUBMERSION IN BATHTUB (DROWNING)</b>  |   | 108. DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| 109. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST<br><b>ATHEROSCLEROTIC CORONARY ARTERY DISEASE</b>  |   | 110. BIOPSY PERFORMED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)<br><b>ALCOHOL INTOXICATION</b>  |   | 111. USED IN DETERMINING CAUSE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)<br><b>NO</b>  |   | 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                        |  |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Declarant Attached Sign: (A) mm/dd/yyyy (B) mm/dd/yyyy   |   | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>OTTHON J MENA MD</b>   |  |
| 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE  |   | 116. LICENSE NUMBER  | 117. DATE mm/dd/yyyy   |
| 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined |   | 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |  |
| 121. INJURY DATE mm/dd/yyyy  |   | 122. HOUR 24 Hours   |  |
| 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<br><b>OTTHON J MENA MD</b>  |   | 127. DATE mm/dd/yyyy<br><b>09/27/2010</b>  | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>OTTHON J MENA MD, DEP MED EXAMINER</b> |
| STATE REGISTRAR  | A   | B  | C  |
| D  | E   | FAX AUTHZ  |  |
| CENSUS TRACT   |   | "010001001600635"  |  |

BK- 0411  
PG- 6266  
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0782411

T751  
R99

F101



\*A002195059\*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES, EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: November 24, 2010

*Wilma J. Wooten, M.D.*  
WILMA J. WOOTEN, MD  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN DIEGO**

3052010163720  
 STATE FILE NUMBER

**PHYSICIAN/CORONER'S AMENDMENT**  
 NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
 OR ALTERATIONS

3201037014622  
 LOCAL REGISTRATION NUMBER

1.1  BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I INFORMATION TO LOCATE RECORD**

|  |   |                               |                                 |             |
|--|---|-------------------------------|---------------------------------|-------------|
| INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 1A. NAME—FIRST<br>JOYCE                       | 1B. MIDDLE<br>ANN             | 1C. LAST<br>TEPPER              | 2. SEX<br>F |
|  | 3. DATE OF EVENT—MM/DD/CCYY<br>09/23/2010 FND | 4. CITY OF EVENT<br>SAN DIEGO | 5. COUNTY OF EVENT<br>SAN DIEGO |             |

**PART II STATEMENT OF CORRECTIONS**

| 8. CERTIFICATE ITEM NUMBER | 7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 6. INFORMATION AS IT SHOULD APPEAR                        |
|----------------------------|---|---|
| 119                        | PENDING INVESTIGATION                           | ACCIDENT  |
| 120                        |   | NO  |
| 121                        |   | 09/-/2010   |
| 122                        |   | UNK   |
| 123                        |   | HOME (BATHTUB)  |
| 124                        |   | DROWNED IN BATHTUB WHILE INTOXICATED                      |
| 125                        |   | 10325 CAMINITO CUERVO,<br>APT 172, SAN DIEGO, CA<br>92108 |

LIST ONE ITEM PER LINE

2 of 2

|  |   |  |   |                       |
|--|---|--|---|-----------------------|
| DECLARATION OF CERTIFYING PHYSICIAN OR CORONER | I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. |  |   |                       |
|  | 9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER<br>OTHON J MENA MD  | 10. DATE SIGNED—MM/DD/CCYY<br>10/22/2010 | 11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER<br>DEP MED EXAMINER |                       |
| STATE/LOCAL REGISTRAR USE ONLY                 | 12. ADDRESS—STREET AND NUMBER<br>5555 OVERLAND AVE, BLDG 14   | 13. CITY<br>SAN DIEGO                    | 14. STATE<br>CA   | 15. ZIP CODE<br>92123 |
|  | 16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR<br>STATE REGISTRAR - OFFICE OF VITAL RECORDS                           |  | 17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY<br>11/02/2010                 |                       |

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24a (REV. 1/08) \*020101001619323\*



\*A002195058\*

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 PG- 6267  
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Inventory No.: 17-079-43-01

**EXHIBIT "A"**  
**(Walley's)**

**A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:**

**An undivided 1/1224<sup>th</sup> interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:**

**ADJUSTED PARCEL G as shown on that Record of Survey To Support a Boundary Line Adjustment recorded on September 20, 2002 in the Office of the Douglas County Recorder as Document No. 0552536, adjusting that Record of Survey recorded April 29, 2002 as Document No. 0540898, pursuant to that Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision, filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3464, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.**

**Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and that Declaration of Annexation of David Walley's Resort Phase III recorded on July 1, 2003 in the Office of the Douglas County Recorder as Document No. 0582120 and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT every year in accordance with said Declaration.**

**Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.**

**A Portion of APN: 1319-15-000-020**

**This document is recorded as an ACCOMMODATION ONLY and without liability for the consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.**