

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) MICHAEL		2. MIDDLE ALLEN		3. LAST (FAMILY) GONZALES			
4. DATE OF BIRTH M/M/DD/C/YY 12/18/1949		5. AGE YRS. 52		6. SEX Male		7. DATE OF DEATH M/M/DD/C/YY 03/27/2002	
8. HOUR 1806		9. STATE OF BIRTH California		10. SOCIAL SECURITY NO. [REDACTED] 3386		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 17		14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER San Francisco Conservation		17. OCCUPATION Supervisor		18. KIND OF BUSINESS Environmental Protection		19. YEARS IN OCCUPATION 4	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6019 Cherrellyn Way							
21. CITY Carmichael		22. COUNTY Sacramento		23. ZIP CODE 95608		24. YRS IN COUNTY 34	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Karen Gonzales - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6019-Cherrellyn Way, Carmichael, CA 95608							
28. NAME OF SURVIVING SPOUSE—FIRST Karen		29. MIDDLE Stroh		30. LAST (MAIDEN NAME) Gonzales			
31. NAME OF FATHER—FIRST Rafael		32. MIDDLE Allen		33. LAST Gonzales		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Virginia		36. MIDDLE Isabel		37. LAST (MAIDEN) Nobel		38. BIRTH STATE CA	
39. DATE M/M/DD/C/YY 04/05/2002		40. PLACE OF FINAL DISPOSITION RES: Karen Gonzales 6019 Cherrellyn Way, Carmichael, CA 95608					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR Russ Monroe Finalcare		45. LICENSE NO. FD 1323		46. SIGNATURE OF LOCAL REGISTRAR <i>Shannon J. Trickett M.D.</i>		47. DATE M/M/DD/C/YY 04/03/2002 SLR	
101. PLACE OF DEATH Residence - Own		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Sacramento	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6019 Cherrellyn Way		106. CITY Carmichael					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER			
(A) Right Main Pulmonary Artery Thromboemboli		Hours		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 02-1542			
(B) Left Lower Extremity Deep Venous Thrombosis		Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C)				110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(D)				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Diabetes Mellitus, Asthma							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
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 [] DECEDENT LAST SEEN ALIVE M/M/DD/C/YY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert A. Brian</i>		116. LICENSE NO.		117. DATE M/M/DD/C/YY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP							
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Robert A. Brian</i>		127. DATE M/M/DD/C/YY 03/29/2002		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Robert A. Brian, Deputy Coroner			

442282

STATE REGISTRAR A B C D E F G H FAX AUTH. # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS 6184

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: April 5, 2002 *Shannon J. Trickett M.D.* LOCAL REGISTRAR

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

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PG-4966
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EXHIBIT "A"

(50)

A timeshare estate comprised of:

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

- (A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.**
- (B) Unit No. 012 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.**

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Summer use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN: 1319-30-519-012