



STATE OF CALIFORNIA  
 CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN  
 SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

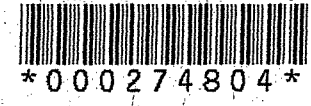
31-2004-21001711

STATE FILE NUMBER		MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>PAUL</b>		<b>FREDERICK</b>		<b>MURRAY</b>			
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/21/1928</b>		5. AGE Yrs. <b>76</b>		6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>Australia</b>		10. SOCIAL SECURITY NUMBER <b>7714</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>Married</b>	
13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>Doctorate</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>Caucasian</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/29/2004</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>Broker</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Mortgage &amp; Real Estate</b>		19. YEARS IN OCCUPATION <b>16</b>		8. HOUR (24 Hours) <b>1047</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>40 Ardmore Road</b>		21. CITY <b>Larkspur</b>		22. COUNTY/PROVINCE <b>Marin</b>		23. ZIP CODE <b>94939</b>	
24. YEARS IN COUNTY <b>31</b>		25. STATE/FOREIGN COUNTRY <b>California</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>Eileen W. Murray - Wife</b>			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>40 Ardmore Road, Larkspur, CA 94939</b>		28. NAME OF SURVIVING SPOUSE — FIRST <b>Eileen</b>		29. MIDDLE <b>W.</b>		30. LAST (Maiden Name) <b>Hunt</b>	
31. NAME OF FATHER — FIRST <b>John</b>		32. MIDDLE <b>Joseph</b>		33. LAST <b>Murray</b>		34. BIRTH STATE <b>Australia</b>	
35. NAME OF MOTHER — FIRST <b>Mary</b>		36. MIDDLE <b>Madeline</b>		37. LAST (Maiden) <b>Cannon</b>		38. BIRTH STATE <b>Australia</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>01/04/2005</b>		40. PLACE OF FINAL DISPOSITION <b>Res: Eileen W. Murray, 40 Ardmore Road, Larkspur, CA 94939</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER <b>-</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>MONTE'S CHAPEL OF THE HILLS</b>		45. LICENSE NUMBER <b>FD 602</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Fred S. Schwartz, M.D.</i>		47. DATE mm/dd/yyyy <b>01/04/2005</b>	
101. PLACE OF DEATH <b>San Geronimo Golf Course</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>Marin</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>5800 Sir Francis Drake Blvd</b>		106. CITY <b>San Geronimo</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) <b>Sudden cardiac rhythm disturbance</b>		Time Interval Between Onset and Death <b>secs</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(B) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>Hypertensive and atherosclerotic cardiovascular disease</b>		Time Interval Between Onset and Death <b>hrs</b>		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(C) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Time Interval Between Onset and Death <b>days</b>		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(D) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Time Interval Between Onset and Death <b>weeks</b>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>Cardiomegaly with severe biventricular dilation, multiple remote &amp; recent myocardial infarcts</b>			
(E) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Time Interval Between Onset and Death <b>months</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <input type="checkbox"/> YES <input 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. Decedent Attended Since mm/dd/yyyy (A) Decedent Last Seen Alive mm/dd/yyyy (B)		115. SIGNATURE AND TITLE OF CERTIFIER <i>Fred S. Schwartz, M.D.</i>		116. LICENSE NUMBER <b>-</b>		117. DATE mm/dd/yyyy <b>01/04/2005</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <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 <i>Jane Christensen</i>		127. DATE mm/dd/yyyy <b>01/04/2005</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>Jane Christensen, Deputy Coroner</b>			
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT			

BK 711  
 PG-2486  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATED ISSUED  
 COUNTY OF MARIN }  
**02/11/2005**  
*Fred S. Schwartz, M.D.*  
 HEALTH OFFICER  
 MARIN COUNTY, CALIFORNIA



This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

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





**EXHIBIT "A"**

**(34)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38<sup>th</sup> interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 031 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 recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, 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 the same unit type conveyed, in Lot 34 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-032