

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA



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3052011184558

CERTIFICATE OF DEATH

3201107005900

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
THEODORE		MACHADO		LUIZ			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. UNDER ONE YEAR		7. DATE OF DEATH mm/dd/yyyy	
11/12/1930		80		Months Days Hours Minutes		10/27/2011	
8. SEX		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/PROP (at Time of Death)		8. HOUR (24 Hours)	
M		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		MARRIED		1553	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		13. EDUCATION - Highest Level/Degree		14/15. WAS DECEASED HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back)	
CA		-6253		SOME COLLEGE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
SYSTEMS ANALYST		OIL		35			
20. DECEASED'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
5329.B PARK HIGHLANDS BLVD		CONCORD		CONTRA COSTA		94521	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
67		CA		5329 B PARK HIGHLANDS BLVD., CONCORD, CA 94521			
27. NAME OF SURVIVING SPOUSE/PROP - First		28. MIDDLE		29. LAST (BIRTH NAME)		30. BIRTH STATE	
JOAN		MARIE		LIGON		CA	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
WILLIAM		MACHADO		LUIZ		CA	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
DOROTHY		BERTHA		WELLS		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or location)					
11/01/2011		OAKMONT MEMORIAL PARK 2099 RELIEF VALLEY ROAD, LAFAYETTE, CA 94549					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
CR/BU		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
OAKMONT MORTUARY		FD875		WENDEL BRUNNER MD		11/01/2011	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
JOHN MUIR MEDICAL CENTER		P <input type="checkbox"/> ER/ICU <input checked="" type="checkbox"/> CCU <input type="checkbox"/>		Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY			
CONTRA COSTA		1601 YGNACIO VALLEY ROAD		WALNUT CREEK			
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 stating the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death (AT)		108. DEATH REFERRED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. CARDIAC ARREST		MINS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Underlying Cause (Disease or injury that initiated the events resulting in death) LAST		B. END STAGE RENAL DISEASE		YRS		109. BIOPSY PERFORMED?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						110. AUTOPSY PERFORMED?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						111. USED IN DETERMINING CAUSE?	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107.		NONE					
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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
08/03/2011		ANTHONY JOSEPH ARROYO M.D.		A71372		11/01/2011	
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.					
ANTHONY JOSEPH ARROYO M.D.		MANNER OF DEATH <input 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					
MODULE C, 1425 SOUTH MAIN ST., WALNUT CREEK, CA 94596		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
				Wendel Brunner MD			

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

DATE ISSUED NOV 02 2011 *000914973*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

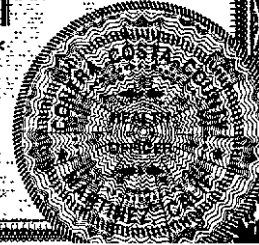


EXHIBIT "A" (37)

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, rerecorded 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. 201 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 ODD -numbered years in the PRIME "Season" as defined in and in accordandce with said Declarations.

A portion of APN: 42-288-11

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 AUG 13 A9:49

LINDA SLATER
RECORDER
\$8.00 PAID KJ DEPUTY

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