

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

RECORDED DISTRICT 3300 REGISTER NUMBER 2559

RESIDENCE

1 NAME FIRST MIDDLE LAST 2. SEX MALE FEMALE 3A DATE OF DEATH MONTH DAY YEAR 3B HOUR

4A. PLACE OF DEATH HOSPITAL HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify) 4B. IF FACILITY, DATE ADMITTED MONTH DAY YEAR

4C NAME OF FACILITY (If not facility, give address) 4D LOCALITY (Check one and specify) CITY VILLAGE TOWN 4E COUNTY OF DEATH

4F. MEDICAL RECORD NO. 4G WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)

5 DATE OF BIRTH MONTH DAY YEAR 6A AGE IN YEARS 6B IF UNDER 1 YEAR ENTER MONTHS DAYS 6C IF UNDER 1 DAY ENTER HOURS MINUTES 7A CITY AND STATE OF BIRTH (If not USA, Country and Region/Province) 7B IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH

8 SERVED IN U.S. ARMED FORCES? NO YES (Specify years) 9 RACE (Black, White, etc) 10 HISPANIC ORIGIN? (If yes, specify) NO YES 11 DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.)

12 SOCIAL SECURITY NUMBER 13 MARITAL STATUS NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED 14 SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name.

15A. USUAL OCCUPATION (Do not enter retired) 15B. KIND OF BUSINESS OR INDUSTRY 15C. NAME AND LOCALITY OF COMPANY OR FIRM

16A. RESIDENCE (State or Country if not USA) NY 16B County or Region/ Province if not USA Cortland 16C LOCALITY (Check one and specify) CITY VILLAGE TOWN 16F IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN

16D STREET AND NUMBER OF RESIDENCE. 16E ZIP CODE.

17. NAME OF FATHER FIRST MI LAST 18 MAIDEN NAME OF MOTHER FIRST MI LAST

19A NAME OF INFORMANT 19B MAILING ADDRESS (Include zip code)

20A BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (Specify) MONTH DAY YEAR 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION 20C LOCATION, (City or town and state)

21A. NAME AND ADDRESS OF FUNERAL HOME 21B REGISTRATION NUMBER

22A NAME OF FUNERAL DIRECTOR 22B SIGNATURE OF FUNERAL DIRECTOR 22C. REGISTRATION NUMBER

23A. SIGNATURE OF REGISTRAR 23B. DATE FILED MONTH DAY YEAR 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: SIGNATURE AND TITLE 24B DATE ISSUED MONTH DAY YEAR

ITEMS 15 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 15 F-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE MONTH DAY YEAR 25F ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE AND TITLE CORONER CORONER'S PHYSICIAN MEDICAL EXAMINER

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR 25C LAST SEEN ALIVE BY ATTENDANT MONTH DAY YEAR 25G PRONOUNCED DEAD ON: MONTH DAY YEAR 25H HOUR 25I. DATE SIGNED MONTH DAY YEAR

25D NAME OF ATTENDING PHYSICIAN 25J SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: 25K ME/COR PHYS LICENSE NUMBER

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A or 25F. 27 MANNER OF DEATH NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28 WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30 DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I IMMEDIATE CAUSE (A) Myocardial infarction APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs 1/2 hrs

(B) DUE TO OH AS A CONSEQUENCE OF (C) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

31A IF INJURY, DATE MONTH DAY YEAR HOUR 31B INJURY LOCALITY (City or town and county and state) 31C DESCRIBE HOW INJURY OCCURRED.

31D PLACE OF INJURY. 31E. INJURY AT WORK? NO YES 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES 33B. DATE OF DELIVERY MONTH DAY YEAR

DOH-1961 (02-2000)

For use by physician or institution NAME OF DECEDENT, Debra-Lawson TIME OF DEATH, AM/ PM DATE OF DEATH

COPY

THIS IS TO CERTIFY THAT THE
 FOREGOING IS A TRUE AND CORRECT
 RECORD ON FILE WITH THE
 OFFICE OF VITAL STATISTICS OF ONTARIO
 COUNTY HEALTH DEPARTMENT
 SYRACUSE, N.Y. COUNTY OF ONTARIO
 THIS COPY HAS BEEN MADE FROM THE
 ORIGINAL OF THE ORIGINAL FILED IN THE
 HEALTH DEPARTMENT AND IS A TRUE
 THEREON

DATE OF ISSUANCE
 JUL 25 '02

Thyde K. Honeys
 Commissioner of Health

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. 056 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: 1319-30-644-021