

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT TRANSCRIPT OF THE DEATH CERTIFICATE ON FILE IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS IN THE TOWN OF BROOKHAVEN, PATCHOGUE, NEW YORK 11772

Stanley Allan
TOWN CLERK/REGISTRAR

RECORDED DISTRICT 5151		REGISTER NUMBER 103		NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH			0848784 Page: 2 of 4			STATE FILE NUMBER BK: 0814 PG: 6956 8/29/2014																																																	
1. NAME: FIRST William				MIDDLE VONTWISTERN				LAST VONTWISTERN		2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH: MONTH DAY YEAR JAN 16 1993			3B. HOUR: 11:40 P.m.																																												
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER (Specify)				4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR DEC 14 1992				4C. NAME OF FACILITY: (If not facility give address) UNIVERSITY HOSPITAL AT STONY BROOK				4D. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> BROOKHAVEN				4E. COUNTY OF DEATH: SUFFOLK																																											
4F. MEDICAL RECORD NO 399746				4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>				5. DATE OF BIRTH: MONTH DAY YEAR June 9 1943				6. AGE: IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 1 DAY <input type="checkbox"/> 49 yrs.		7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) New York, New York			7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:																																										
8. SERVED IN U.S. ARMED FORCES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Specify years)				9. RACE: (Black, White, etc.) White				10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>				11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 5+																																															
12. SOCIAL SECURITY NUMBER: [REDACTED]-0153				13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED OR SEPARATED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				14. SURVIVING SPOUSE: (If wife, provide maiden name) Janet Harton				15A. USUAL OCCUPATION: (Do not enter retired) Writer - Producer				15B. KIND OF BUSINESS OR INDUSTRY: Business Communications				15C. NAME AND LOCALITY OF COMPANY OR FIRM: Unavailable																																							
16A. RESIDENCE, STATE: New York				16B. COUNTY: Suffolk				16C. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input checked="" type="checkbox"/> TOWN OF <input type="checkbox"/> Setauket				16E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN Brookhaven				16D. STREET AND NUMBER OF RESIDENCE: 98 Old Field Road				16F. ZIP CODE: 11733																																							
17. NAME OF FATHER: FIRST MI LAST Henry von Twistern				18. MAIDEN NAME OF MOTHER: FIRST MI LAST Frances Harding				19A. NAME OF INFORMANT: Janet von Twistern				19B. MAILING ADDRESS: (include zip code) 98 Old Field Rd. Setauket, New York 11733																																															
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Cremation				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Washington Memorial Park				20C. LOCATION: (City or town and state) Coram, New York				21A. NAME AND ADDRESS OF FUNERAL HOME: Eryant Funeral Home, Inc. 411 Old Town Rd. Setauket, N.Y. 11733				21B. REGISTRATION NUMBER: 00248																																											
22A. NAME OF FUNERAL DIRECTOR: Frederick E. Bryant				22B. SIGNATURE OF FUNERAL DIRECTOR: <i>Frederick E. Bryant</i>				22C. REGISTRATION NUMBER: 00566				23A. SIGNATURE OF REGISTRAR: <i>Stanley Allan</i>				23B. DATE FILLED: MONTH DAY YEAR 1 20 93				24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Carmela Hardi, sub</i>				24B. DATE ISSUED: MONTH DAY YEAR 1 18 93																																			
ITEMS 25-33 COMPLETED BY CERTIFYING PHYSICIAN												ITEMS 25-33 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: <i>May Fogarty, MD</i> MONTH DAY YEAR 01 16 93												25A. 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 <input type="checkbox"/> CORONER <input type="checkbox"/> CORONER'S PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER																																															
25D. THE PHYSICIAN ATTENDED THE DECEASED												25B. PRONOUNCED DEAD												25C. LAST SEEN ALIVE: FROM MONTH DAY YEAR DEC 14 1992 TO MONTH DAY YEAR JAN 16 1993 ON MONTH DAY YEAR JAN 16 1993												25D. DATE SIGNED: MONTH DAY YEAR																							
25D. NAME OF ATTENDING PHYSICIAN: LONNIE FREI												25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: [REDACTED]												25F. ME/COR PHYS. LICENSE NUMBER 157153																																			
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: UNIVERSITY HOSPITAL AT STONY BROOK, STONY BROOK, NY 11794												27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>												28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>												29A. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>												29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>											
29. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I IMMEDIATE CAUSE: (A) Cardiac arrest DUE TO OR AS A CONSEQUENCE OF: (B) Metastatic colon cancer DUE TO OR AS A CONSEQUENCE OF: (C) _____ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): _____												30. CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH												30. CONFIDENTIAL																																			
31A. IF INJURY, DATE: MONTH DAY YEAR												31B. LOCALITY: (City or town and county and state)												31C. DESCRIBE HOW INJURY OCCURRED:																																			
31D. PLACE:												31E. AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>												32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>												33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>												33B. DATE OF DELIVERY: MONTH DAY YEAR											

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EXHIBIT "A-1"**(34)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 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 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 026 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: 1319-30-724-027

EXHIBIT "A-2"

(32)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 32 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 101 through 120 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 102 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 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 Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-002