





**EXHIBIT "A"**  
**DEATH CERTIFICATE**

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

3052013165638

**CERTIFICATE OF DEATH**

3201350002896

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS V-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ERNEST</b>		2. MIDDLE -		3. LAST (Family) <b>PRIEN</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>09/06/1913</b>		5. AGE Yrs. Mths. Ds. <b>99</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SP/PT at Time of Death <b>WIDOWED</b>	
9. SOCIAL SECURITY NUMBER <b>5584</b>		7. DATE OF DEATH mm/dd/yyyy <b>09/01/2013</b>		8. HOUR 04 Hours <b>2336</b>	
13. EDUCATION - Highest Level Completed (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) <b>PHARMACY</b>		19. YEARS IN OCCUPATION <b>45</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1307 MARIPOSA STREET</b>		21. CITY <b>NEWMAN</b>		22. COUNTY/PROVINCE <b>STANISLAUS</b>	
23. ZIP CODE <b>95360</b>		24. YEARS IN COUNTY <b>8</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>DONALD SMITH, NEPHEW</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or PO Box number, city or town, state and ZIP) <b>480 MISSION BAY BLVD NORTH #1105, SAN FRANCISCO, CA 94158</b>			
28. NAME OF SURVIVING SPOUSE/ROSP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		32. MIDDLE -		33. LAST <b>PRIEN</b>	
34. BIRTH STATE <b>GERMANY</b>		35. NAME OF MOTHER/PARENT - FIRST <b>ANNA</b>		36. MIDDLE -	
37. LAST (BIRTH NAME) <b>LORENZEN</b>		38. BIRTH STATE <b>GERMANY</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>09/05/2013</b>		40. PLACE OF FINAL DISPOSITION <b>HILLS FERRY CEMETERY 1334 STUHR ROAD, NEWMAN, CA 95360</b>			
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>HILLVIEW FUNERAL CHAPELS</b>		45. LICENSE NUMBER <b>FD507</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JOHN WALKER, MD</b>	
47. DATE mm/dd/yyyy <b>09/05/2013</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> ALMS <input checked="" type="checkbox"/> LONG-TERM CARE <input type="checkbox"/> HOME/UTC <input checked="" type="checkbox"/> HOME <input type="checkbox"/> Other	
104. COUNTY <b>STANISLAUS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1307 MARIPOSA STREET</b>		106. CITY <b>NEWMAN</b>	
107. CAUSE OF DEATH Enter the chain of events - Diseases, trauma, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>1. CARDIO PULMONARY ARREST</b>		Time Interval Between Cause and Death <b>MIN</b>		108. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOPIPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES MELLITUS TYPE II</b>		113. IF FEMALE, FREQUENT IN LAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since Decedent Last Seen Alive <b>12/09/2008 05/22/2013</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MANUEL LORENZO H CANGA M.D.</b>		116. LICENSE NUMBER <b>A48173</b>	
117. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE <b>MANUEL LORENZO H CANGA M.D. 1248 MAIN STREET, NEWMAN, CA 95360</b>		118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"01000100243771"			

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

JOHN WALKER, M.D.  
LOCAL REGISTRAR OF VITAL STATISTICS

10/31/2013



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

**EXHIBIT "B"**

**Legal Description of Property**

APN: 1318-03-210-012  
88 Skyland Court  
Zephyr Cove, Douglas County, Nevada

Being all of Lot 29, as shown on the map entitled Skyland Subdivision No. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada on February 27, 1958, as Document No. 12967.

TOGETHER WITH the right of access to the waters of Lake Tahoe and for beach and recreational purposes over Lots 32 and 33; as shown on the filed map referred to herein as reserved in the deed from Stockton Garden Homes, Inc., a California Corporation, to Skyland Water Co., a Nevada Corporation, recorded February 5, 1960, in Book 1 of Official Records at Page 268, Douglas County, Nevada.