



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CERTIFICATE

State of California

County of Riverside

On 25<sup>th</sup> day of Oct, 2013 before me, Nisha R. Patel, Notary Public,  
personally appeared

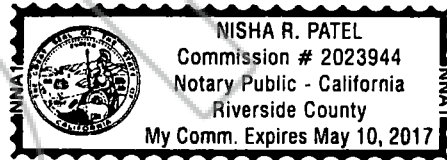
Jill-M. Wong

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Nisha R. Patel  
Notary Public  
Commission # 2023944  
My commission expires: May 10, 2017

Nisha R. Patel A  
Notary Public



(SEAL)

DOCUMENT NAME <u>Appdwrit</u>	Capacity Claimed by the Signer <input type="radio"/> Individual <input type="radio"/> Corporate Officer  _____ (Title) <input type="radio"/> Partner(s) <input type="radio"/> Attorney-in-law <input type="radio"/> Trustee <input type="radio"/> Other _____
DOCUMENT DATE:	
NUMBER OF PAGES:	

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY  
**STANISLAUS COUNTY**  
 PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

3201150003705

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) TYRONE		2. MIDDLE JAMESON	
3. LAST (Family) WONG		4. DATE OF BIRTH: mm/dd/yyyy 05/25/1949	
5. AGE Yrs.: 62		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER [REDACTED] 0413	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SP* (at Time of Death) MARRIED	
7. DATE OF DEATH: mm/dd/yyyy 11/28/2011		8. HOUR (24 Hour) 2218	
13. EDUCATION—Highest Level (Degree) DOCTORATE		14. 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) CHINESE		17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED PHYSICIAN	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL		19. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) 39733 KEILTY COURT			
21. CITY MURRIETA		22. COUNTY/PRIOR INGE RIVERSIDE	
23. ZIP CODE 92563		24. YEARS IN COUNTY 11	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JILL WONG, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 39733 KEILTY COURT, MURRIETA, CA 92563	
28. NAME OF SURVIVING SPOUSE/SPO*—FIRST JILL		29. MIDDLE MAUREEN	
30. LAST (BIRTH NAME) KOSHURE		31. NAME OF FATHER/PARENT—FIRST JAMES	
32. MIDDLE KAM HONG		33. LAST WONG	
34. BIRTH STATE CHINA		35. NAME OF MOTHER/PARENT—FIRST IDA	
36. MIDDLE SUSAN		37. LAST (BIRTH NAME) CHAN	
38. BIRTH STATE CANADA		39. DISPOSITION DATE: mm/dd/yyyy 12/06/2011	
40. PLACE OF FINAL DISPOSITION RES: JILL WONG 39733 KEILTY COURT, MURRIETA, CA 92563		41. TYPE OF DISPOSITIONS CR/RES	
42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SALAS BROTHERS FUNERAL CHAPEL		45. LICENSE NUMBER FD782	
46. SIGNATURE OF LOCAL REGISTRAR ▶ JOHN WALKER, MD		47. DATE: mm/dd/yyyy 12/06/2011	
102. PLACE OF DEATH MEMORIAL MEDICAL CENTER			
103. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> LT/C <input type="checkbox"/> Other	
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1700 COFFEE ROAD	
106. CITY MODESTO		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 circulatory stagnation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) INTRACRANIAL BLEED (C) HYPERTENSIVE EMERGENCY	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BICPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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 ACUTE RENAL FAILURE			
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. Decedent Attended Since: (A) mm/dd/yyyy (B) Decedent Last Seen Alive: mm/dd/yyyy 11/20/2011 11/28/2011		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ANDREUX CHERNNE M.D.	
116. LICENSE NUMBER A88257		117. DATE: mm/dd/yyyy 12/02/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREUX CHERNNE M.D. 600.COFFEE ROAD, MODESTO, CA 95355		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE: mm/dd/yyyy	
122. HOUR (24 Hour)		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 state)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE: mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF CORONER / DEPUTY CORONER	

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

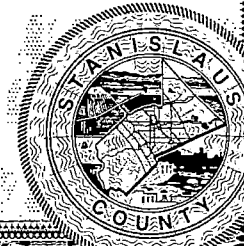
*John Walker, M.D.*  
 JOHN WALKER, M.D.  
 LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED  
**12/16/2011**

\* 0 0 0 5 5 3 4 8 0 \*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**EXHIBIT "A"**

**(31)**

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 31 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 081 through 100 (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. 081 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 in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-001