



# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of CALAVERAS

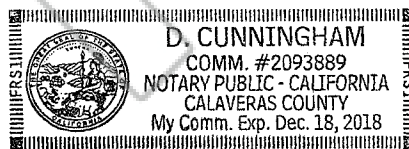
On November 23 2015 before me, D. Cunningham Notary Public  
(insert name and title of the officer)

personally appeared JAMES S. FLETCHER  
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.

Signature  (Seal)



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV 12M)

1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
SANDRA		LYNN		FLETCHER			
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)							
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
IL		-0639		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
MASTERS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN		12/14/2004	
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		8. HOUR (24 Hours)	
VICE PRINCIPAL		EDUCATION		36		1932	
20. DECEDENT'S RESIDENCE (Street and number or location)							
2800 NORA LANE							
21. CITY		22. COUNTY		23. ZIP CODE		24. YEARS IN COUNTY	
MODESTO		STANISLAUS		95355		32	
25. BIRTH STATE/FOREIGN COUNTRY		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
CA		2800 NORA LANE, MODESTO, CA 95355					
26. INFORMANT'S NAME, RELATIONSHIP		28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
JAMES S. FLETCHER — HUSBAND		JAMES		S.		FLETCHER	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
ERNEST		-		NEUBAUER		IL	
35. NAME OF MOTHER — FIRST		36. MIDDLE		37. LAST ( Maiden)		38. BIRTH STATE	
LAURA		-		KANGAS		MN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
12/20/2004		LAKEWOOD MEMORIAL PARK, HUGHSON, CA 95326					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		47. DATE mm/dd/yyyy	
BU		<i>C. Randy Albry</i>		6454		12/17/2004	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
FRANKLIN & DOWNS FUNERAL HOME		FD426		<i>Darwin Garhat</i>		12/17/2004	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE — 103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
MEMORIAL MEDICAL CENTER		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY		108. DEATH REPORTED TO CORONERY?	
STANISLAUS		1700 COFFEE RD.		MODESTO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH		109. TIME INTERVAL BETWEEN ONSET AND DEATH					
ACUTE CONGESTIVE HEART FAILURE		MINUTES					
IDIOPATHIC HYPERTROPHIC CARDIOMYOPATHY		YEARS					
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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.)		110A. IF FEMALE, PREGNANT IN LAST YEAR?					
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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	
Decedent Attended Since		<i>Darwin Garhat</i>		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH <input checked="" 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		<input type="checkbox"/> 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			
<i>Darwin Garhat</i>		12/16/2004		SGT. DARIN GHARAT, DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT	

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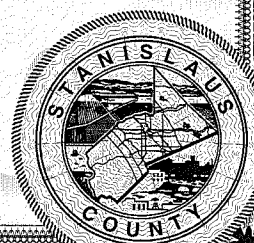
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This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

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

DATE ISSUED

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



**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. 084 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 Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-004