

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.

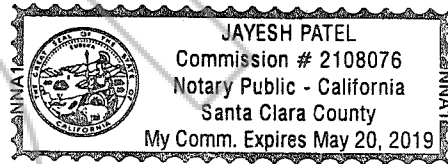
State of California
County of Santa Clara

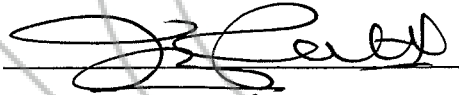
On 12/23/15 before me, Jayesh Patel, Notary Public
(insert name and title of the officer)

personally appeared CHESTER L. PURCELL
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

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

3052004088269

CERTIFICATE OF DEATH

3200443002161

STATE FILE NUMBER 3052004088269		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/03)		LOCAL REGISTRATION NUMBER 3200443002161	
1. NAME OF DECEDENT — FIRST (Given) Jacquelyn		2. MIDDLE S.		3. LAST (Family) Purcell	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/11/1934		5. AGE Yrs. 69	
9. BIRTH STATE/FOREIGN COUNTRY IN		10. SOCIAL SECURITY NUMBER ■■■■■■-0188		11. EVER IN U.S. ARMED FORCES? (If Yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) married		7. DATE OF DEATH mm/dd/yyyy 03/21/2004		6. HOUR (24 Hours) 1800	
13. EDUCATION — Highest Level/Degree (See worksheet on back.) some college		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (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.) white	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED Billing Clerk		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) Healthcare		19. YEARS IN OCCUPATION 10	
20. DECEDENT'S RESIDENCE (Street and number or location) 7614 Buckhaven Dr.					
21. CITY San Jose		22. COUNTY/PROVINCE Santa Clara		23. ZIP CODE 95135	
24. YEARS IN COUNTY 25		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Chester L. Purcell—husband			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 7614 Buckhaven Dr. San Jose, CA 95135		
28. NAME OF SURVIVING SPOUSE — FIRST Chester		29. MIDDLE L.		30. LAST (Maiden Name) Purcell	
31. NAME OF FATHER — FIRST Theodore		32. MIDDLE B.		33. LAST Sills	
35. NAME OF MOTHER — FIRST Pearl		38. MIDDLE —		37. LAST (Maiden) Bulleit	
34. BIRTH STATE GA		36. BIRTH STATE IN			
39. DISPOSITION DATE mm/dd/yyyy 03/26/2004		40. PLACE OF FINAL DISPOSITION REL—St. Francis of Assisi 5111 San Felipe Rd. San Jose, CA			
41. TYPE OF DISPOSITION(S) Cr/Rel		42. SIGNATURE OF EXAMINER <i>Michael L. Rodrian</i>		43. LICENSE NUMBER 8714	
44. NAME OF FUNERAL ESTABLISHMENT Chapel of Flowers		45. LICENSE NUMBER FD189		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. ...</i>	
47. DATE mm/dd/yyyy 03/23/2004					
101. PLACE OF DEATH Own residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Santa Clara		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 7614 Buckhaven Dr.		106. CITY San Jose	
107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) Metastatic breast cancer		Time Interval Between Onset and Death (A) 27 mos		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REPORTING NUMBER 04-01071	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) Congestive heart failure		(B) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C) Congestive heart failure		(C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) Congestive heart failure		(D) <input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Congestive heart 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 01/09/2002 Decedent Last Seen Alive (B) mm/dd/yyyy 03/11/2004		115. SIGNATURE AND TITLE OF CERTIFIER <i>Juliet M. Kral MD</i>		116. LICENSE NUMBER G72424	
117. DATE mm/dd/yyyy 03/22/2004		118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE Juliet Kral, MD 888 Oak Grove Ave. Menlo Park, CA 94025			
119. 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"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
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	
STATE REGISTRAR <i>Michael L. Rodrian</i>		FAX AUTH. # 31452		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



04 OCT 25 PM 2:40

DATE ISSUED

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

(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. 111 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 Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-722-012