

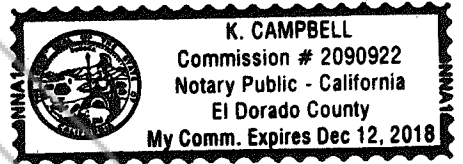
A notary public or other officer completing this certificate verified only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California)
COUNTY OF El Dorado)ss.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME,
K Campbell
NOTARY PUBLIC ON THIS 10 DAY OF June, 2016. BY
NANCY R. BANDY, PERSONALLY KNOWN TO ME OR PROVED
TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO
APPEARED BEFORE ME.

SIGNATURE K Campbell (SEAL)
NOTARY PUBLIC

NOTARY EXPIRATION DATE: Dec. 12, 2018



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
EL DORADO COUNTY
HEALTH SERVICES DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201309000150

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DOROTHY		3. LAST (Family) RAY	
2. MIDDLE MARIE		4. DATE OF BIRTH mm/dd/yyyy 06/25/1935	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 77	
9. BIRTH STATE/FOREIGN COUNTRY IA		6. UNDER ONE YEAR Months: Days: Hours: Minutes: F	
10. SOCIAL SECURITY NUMBER 7474		7. DATE OF DEATH mm/dd/yyyy 02/14/2013	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hour) 0750	
12. MARITAL STATUS/GRP (at Time of Death) WIDOWED		13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE	
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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED X-RAY TECHNICIAN		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) 5041 SIERRA OAKS DR.	
21. CITY EL DORADO		22. COUNTY/PROVINCE EL DORADO	
23. ZIP CODE 95623		24. YEARS IN COUNTY 47	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP NANCY BANDY, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5041 SIERRA OAKS DR., EL DORADO, CA 95623		28. NAME OF SURVIVING SPOUSE/GRP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST CHRIS		32. MIDDLE J.	
33. LAST PETERSEN		34. BIRTH STATE IA	
35. NAME OF MOTHER/PARENT - FIRST THELMA		36. MIDDLE -	
37. LAST (BIRTH NAME) LARSEN		38. BIRTH STATE IA	
39. DISPOSITION DATE mm/dd/yyyy 02/20/2013		40. PLACE OF FINAL DISPOSITION RESIDENCE 5041 SIERRA OAKS DR., EL DORADO, CA 95623	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE PINES	
45. LICENSE NUMBER FD1129		46. SIGNATURE OF LOCAL REGISTRAR ROBERT HARTMANN, MD	
47. DATE mm/dd/yyyy 02/19/2013		101. PLACE OF DEATH OWN RESIDENCE - HOSPICE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5041 SIERRA OAKS DR.	
106. CITY EL DORADO		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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) RENAL FAILURE		Time Interval Between Onset and Death (A) MINS	
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 (C) METASTATIC BREAST CANCER		(B) WKS	
108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C) MOS	
109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(D) YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 Attended Since: Decedent Last Seen Alive: 08/13/2008 02/14/2013		115. SIGNATURE AND TITLE OF CERTIFIER GERARDO SORIA GALANG M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GERARDO SORIA GALANG M.D. 1095 MARSHALL WAY, PLACERVILLE, CA 95667		116. LICENSE NUMBER A96206	
117. DATE mm/dd/yyyy 02/15/2013		118. CERTIFY THAT MY OPINION OF 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	
119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. HOURS (24 Hour)		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		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

Robert Hartmann MD

* 0 0 0 1 4 7 3 4 7 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Services Department.

DATE ISSUED **FEB 21 2013**

Olivia Kasirye
OLIVIA C. KASIRYE, M.D., M.S.
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Inventory No.: 17-003-28-01

EXHIBIT "A"
(Walley's)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W1/2 NE1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°00'00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

Together with a perpetual non-exclusive easement of use and enjoyment in, to and throughout the Common Area and a perpetual non-exclusive easement for parking and pedestrian and vehicular access, ingress and egress as set forth in Access Easement and Relocation recorded on May 26, 2006, in Book 0506 at Page 10729, as Document No. 0676008; and Access Easement recorded on July 26, 2006, in Book 0706 at Page 9371, as Document No. 0680633, all of Official Records, Douglas County, Nevada.

A Portion of APN: 1319-15-000-025