



STATE OF MICHIGAN COUNTY OF MACOMB  
CERTIFICATION OF VITAL RECORD

UNITED STATES OF AMERICA

LF \_\_\_\_\_  
CF **E-1815**



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
**223096**

1. DECEDENT'S NAME (First, Middle, Last) <b>Shirley A. Tomayko</b>		2. DATE OF BIRTH <b>March 05, 1938</b>		3. SEX <b>Female</b>		4. DATE OF DEATH <b>June 10, 2015</b>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS <b>Shirley A. Tenniswood</b>				6a. AGE- Last Birthday (Years) <b>77</b>		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
6c. UNDER 1 DAY HOURS _____ MINUTES _____				7a. LOCATION OF DEATH <b>Clare Bridge of Utica, 45959 Northpointe Boulevard 48315</b>		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH <b>Utica</b>	
7c. COUNTY OF DEATH <b>Macomb</b>				8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Macomb</b>	
8c. LOCALITY <b>Shelby Twp</b>		8d. STREET AND NUMBER <b>54455 Nottingham</b>		8e. ZIP CODE <b>48315</b>		9. BIRTH PLACE <b>Yale, Michigan</b>	
10. SOCIAL SECURITY NUMBER ██████████ 9011				11. DECEDENT'S EDUCATION <b>Some college credit but no degree</b>			
12. RACE <b>White</b>		13a. ANCESTRY <b>English, German</b>		13b. HISPANIC ORIGIN <b>No</b>		14. EVER IN THE U.S. ARMED FORCES? <b>No</b>	
15. USUAL OCCUPATION <b>Flight Attendant</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Travel</b>		17. MARITAL STATUS <b>Married</b>		18. NAME OF SURVIVING SPOUSE <b>Ronald Tomayko</b>	
19. FATHER'S NAME (First, Middle, Last) <b>Laverne Tenniswood</b>				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Linda Hiesner</b>			
21a. INFORMANT'S NAME <b>Ronald Tomayko</b>		21b. RELATIONSHIP TO DECEDENT <b>Husband</b>		21c. MAILING ADDRESS <b>54455 Nottingham, Shelby Township Michigan 48315</b>			
22. METHOD OF DISPOSITION <b>Burial</b>		23a. PLACE OF DISPOSITION <b>White Chapel Cemetery</b>		23b. LOCATION - City or Village, State <b>Troy, Michigan</b>			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <b>Michael J. Wasik</b>		25. LICENSE NUMBER <b>4501007281</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>Wasik Funeral Home, Inc. Shelby Township, 49150 Schoenherr Road, Shelby Twp, Michigan 48315</b>			
27a. CERTIFIER <input checked="" type="checkbox"/> <b>Certifying Physician</b> - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> <b>Medical Examiner</b> - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <b>Sridevi Yalala, MD</b> Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>01:15 AM</b>		28b. PRONOUNCED DEAD ON <b>June 10, 2015</b>		28c. TIME PRONOUNCED DEAD <b>02:10 AM</b>	
29. MEDICAL EXAMINER CONTACTED <b>Yes</b>		30. PLACE OF DEATH <b>Hospice Facility</b>		31. IF HOSPITAL			
27b. DATE SIGNED <b>June 10, 2015</b>		27c. LICENSE NUMBER <b>4301064391</b>		32. MEDICAL EXAMINER'S CASE NUMBER <b>H15-0983</b>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN <b>Sridevi Yalala, MD, Great Lakes Caring Hospice - Oakland, 30400 Telegraph Rd Ste 334, Bingham Farms, Michigan 48025</b>							
35a. REGISTRAR'S SIGNATURE <i>Carmelle Sabough</i>				35b. DATE FILED <b>June 10, 2015</b>			
36. PART I. ENTER the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitally list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate Interval Between Onset and Death Years	
a. <b>Alzheimers Dementia</b>							
b. _____ DUE TO (OR AS A CONSEQUENCE OF)							
c. _____ DUE TO (OR AS A CONSEQUENCE OF)							
d. _____ DUE TO (OR AS A CONSEQUENCE OF)							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I						37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death							
39. MANNER OF DEATH <b>Natural</b>		40a. WAS AN AUTOPSY PERFORMED? <b>No</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <b>Not Applicable</b>			
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	

Printed On 06-11-2015 at 08:39:02

"THIS CERTIFIES THAT the above is a true copy of the facts recorded on the certificate of the person named hereon, as filed in the MACOMB COUNTY CLERK'S OFFICE."

*Carmelle Sabough*  
County Clerk and Register of Deeds

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THIS DOCUMENT CONTAINS A SECURITY BACKGROUND, EMBOSSED SEALS AND THERMOCHROMIC INK.



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

**EXHIBIT "A"**

(37)

An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 048 as shown and defined on said Condominium Plan; 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 Five recorded August 18, 1988, as Document No. 184461, 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 Lot 37 only, for one week every other year in the Even -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-011