



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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 1319-30-723-015.

2. That the family relation of Affiant to the decedent on the date decedent died was daughter.
3. That decedent died in the Town of Woodbridge, County of New Haven, State of Connecticut on February 14, 2010.
4. That the undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

DATED this 10<sup>th</sup> day of March, 2020.

  
\_\_\_\_\_  
ALEXANDRA KOKKORIS

STATE OF Delaware  
COUNTY OF New Castle ss.

On March 10, 2020, personally appeared before me, a notary public, ALEXANDRA KOKKORIS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death, who acknowledged to me that he executed the foregoing document.

LYNNE ANN KEANE  
NOTARY PUBLIC  
STATE OF DELAWARE  
My Commission Expires October 16, 2022

  
\_\_\_\_\_  
NOTARY PUBLIC

COPY

EXHIBIT A

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only - Do not write in this box)  
2010 07004950

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Gerald Wyndorf</b>				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) <b>February 14 2010</b>	4. ACTUAL OR PRESUMED TIME OF DEATH <b>8:47</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	
5. AGE LAST BIRTHDAY <b>60</b>	6. UNDER 1 YEAR Mo. Days	7. DATE OF BIRTH (MM/DD/YYYY) <b>01/08/1950</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Red Bank, NJ</b>				
9. RESIDENCE (State) <b>CT</b>		10. RESIDENCE (County) <b>New Haven</b>	11. RESIDENCE (City or Town) <b>Woodbridge</b>	12. RESIDENCE (Street and No.) <b>1180 Old Racebrook RD</b>		13. APT. NO.	
14. ZIP CODE <b>06525</b>	15. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. MARITAL STATUS AT TIME OF DEATH: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Julie Perlman</b>			
18. FATHER'S NAME (First, Middle, Last) <b>Gerald Wyndorf</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Elizabeth Ottman</b>				
20. INFORMANT'S NAME <b>Julie Perlman</b>		21. INFORMANT'S RELATIONSHIP TO DECEDENT <b>Wife</b>	22. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1180 Old Racebrook Rd., Woodbridge, CT 06525</b>				
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		25. FACILITY NAME (If not institution, give street & number) <b>1180 Old Racebrook Rd.</b>			
26. CITY OR TOWN OF DEATH <b>Woodbridge</b>		27. COUNTY OF DEATH <b>New Haven</b>	28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)				
29. DISPOSITION (Name of cemetery, crematory, other place) <b>Evergreen Crematory</b>		30. LOCATION (city/town, state) <b>New Haven, CT</b>		31. DATE (MM/DD/YYYY) <b>02/17/2010</b>		32. WAS BODY EMBALMED? If yes, Name of Embalmer <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
33. FUNERAL FACILITY - Name and Address (street, town, state, zip) <b>Weller Funeral Home; 493 Whitney Ave, New Haven, CT 06511</b>			34. SIGNATURE OF FUNERAL DIRECTOR OR EMPLOYEE <i>[Signature]</i>		35. LICENSE NUMBER OF SIGNEE IN BOX 34 <b>1763</b>		
36. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>02/14/2010</b>		37. TIME PRONOUNCED <b>0847</b>	38. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print) <b>Michael Sweeney RN</b>		39. SIGNATURE <i>[Signature]</i>		
40. DATE SIGNED <b>2/14/10</b>		41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. 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; DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				APPROXIMATE INTERVAL ONSET TO DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) <b>Extensive Stage Small Cell Lung Cancer</b>				<b>Years &gt; (2-3 yrs)</b>	
Sequently 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		(b) Due to (or as a consequence of):					
		(c) Due to (or as a consequence of):					
		(d) Due to (or as a consequence of):					
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			46. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Postmortem & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.							
49. MAILING - CERTIFIER <i>[Signature]</i>		(Street) <b>333 Cedar Street</b>	(City or town) <b>New Haven</b>	(State) <b>CT</b>	(Zip) <b>06520</b>	Title of Certifier <b>MD</b> Date Certified <b>2-15-2010</b>	
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: <b>February 17, 2010</b>			BY <i>[Signature]</i> <b>Stephane Carleghis</b> REGISTRAR				
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 0 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available			51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)		52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)		
53. DECEDENT'S USUAL OCCUPATION <b>Insurance Executive</b>			54. KIND OF BUSINESS/INDUSTRY <b>Insurance</b>		55. SOCIAL SECURITY NUMBER		

I certify that this is a true copy of the certificate received for record  
Attest: *[Signature]* Registrar of Vital Statistics  
For use by Physician or Institution

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.



*Elizabeth Frugale*  
ELIZABETH FRUGALE  
REGISTRAR OF VITAL RECORDS

SEP 20 2010  
DATE OF ISSUE