

RECORDING REQUESTED BY

Lawrence H. Damm, Attorney
15200 Sunset Boulevard, Suite 209
Pacific Palisades, California 90272

AND WHEN RECORDED MAIL TO:

Mrs. Yoshiye Honda
2250 Silverlake Boulevard
Los Angeles, California 90039

AFFIDAVIT - DEATH OF JOINT TENANT

State of California
County of Los Angeles

YOSHIYE HONDA, of legal age, being first duly sworn, deposes and says:

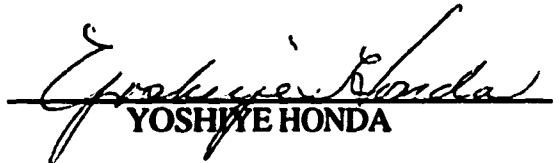
That BOB M. HONDA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BOB M. HONDA named as one of the parties in that certain Quitclaim Deed dated April 29, 1988 executed by DOUGLAS K. MASUDA and SANDRA C. MASUDA, husband and wife as joint tenants, to BOB M. HONDA and YOSHIYE HONDA, husband and wife as joint tenants and JANET C. HONDA, a single woman, as tenants in common, recorded as Instrument No. 177436, in Book 588, Page 541, of Official Records of Douglas County, Nevada, covering the property described below, situated in the County of Douglas, State of Nevada:

Units 7, 9, 10, 11, 12, 13, 14, 25, 26 & 28 as set forth on the Condominium Map of Lot 51 Amended Map of Tahoe Village Unit No. 1, filed for record May 25, 1982, as Document No. 68043 official records of Douglas County, State of Nevada


Together with an undivided 10/30ths interest in those portions designated as common areas as set forth on the Condominium Map of Lot 51, Amended Map of Tahoe Village Unit No. 1, filed for record May 25, 1982, as Document No. 68043, official records of Douglas County, State of Nevada.

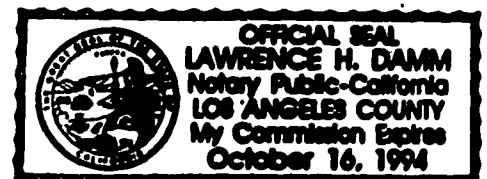
Assessor Parcel Nos. 40-320-04, 40-310-10, and 40-330-06.

Dated: September 22, 1993


YOSHIYE HONDA

SUBSCRIBED AND SWORN TO before me on September 22 1993


Signature of Notary



329881

BK 0294 PG 202 I

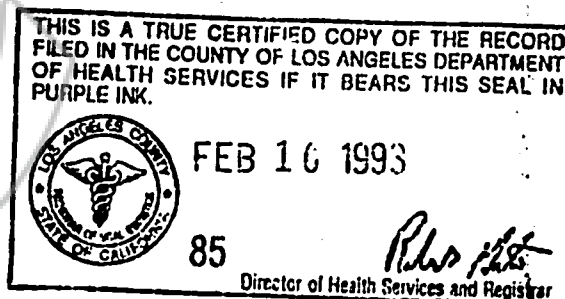
CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST (GIVEN) Masami	1B. MIDDLE Bob	1C. LAST (FAMILY) Honda		2A. DATE OF DEATH—MO. DAY, YR. February 11, 1993		2B. HOUR 0900	2C. SEX Male
4. RACE Japanese	5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. February 8, 1921		7. AGE IN YEARS 72	8. UNDER 1 YEAR MONTHS _____ DAYS _____	9. UNDER 24 HOURS HOURS _____ MINUTES _____
8. STATE OF BIRTH WA	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Matsujiro Honda		10B. STATE OF BIRTH Japan	11A. FULL MAIDEN NAME OF MOTHER Chiyo Nishimori		11B. STATE OF BIRTH Japan
12. MILITARY SERVICE? 19 ___ TO 19 ___ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 7326		14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Yoshiye Yoshimoto		1 OF 2	
16A. USUAL OCCUPATION Developer	16B. USUAL KIND OF BUSINESS OR INDUSTRY Retail	16C. USUAL EMPLOYER Self-Employed		16D. YEARS IN OCCUPATION 23	17. EDUCATION—YEARS COMPLETED 12		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2250 Silver Lake Bl.			18B. CITY Los Angeles		18C. ZIP CODE 90039		
18D. COUNTY Los Angeles	18E. NUMBER OF YEARS IN THIS COUNTY 45	18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Yoshiye Honda - Wife 2250 Silver Lake Bl. Los Angeles, CA 90039			
18A. PLACE OF DEATH Good Samaritan Hospital	18B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	18C. COUNTY Los Angeles					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 616 W. Witmer St.			19E. CITY Los Angeles		21. TIME INTERVAL BETWEEN ONSET AND DEATH 2 WKS.	22. WAS DEATH REPORTED TO CORONER? REPRERAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) RESPIRATORY FAILURE	DUE TO (B) BILATERAL PNEUMONIA	DUE TO (C) _____			23. WASopsy PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 ACUTE MYOCARDIAL INFARCTION; HODGKIN'S DISEASE			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. LAPAROTOMY 11-9-92				
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 10-5-92	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 2-11-93	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Cary H. Gota, M.D.</i>		27C. PHYSICIAN'S LICENSE NUMBER 621563	27D. DATE SIGNED 2/11/93	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Cary H. Gota, M.D. 1245 Wilshire Blvd., #303, CALIF.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
34A. DISPOSITION(S) CR-BU	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Forest Lawn Mem. Park Glendale 1712 S. Glendale Ave., Glendale, CA		34C. DATE MO. DAY, YEAR 2-17-1993	35A. SIGNATURE OF EMBALMER <i>Shig Okamoto</i>		35B. LICENSE NUMBER 4518	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Fukui Mortuary, Inc.	36B. LICENSE NO. FD-808	37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Mates</i>		38. REGISTRATION DATE FEB 16 1993			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



329881

BK 0294 PG 2022

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS STATED ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. NAME—FIRST (GIVEN) Masami		1B. MIDDLE Bob		1C. LAST (FAMILY) Honda	
	2. SEX Male	3. DATE OF EVENT—MONTH, DAY, YEAR February 11, 1993	4A. CITY OF OCCURRENCE Los Angeles		4B. COUNTY OF OCCURRENCE Los Angeles	
	5. FATHER'S NAME AS STATED ON ORIGINAL Matsujiro Honda			6. MOTHER'S NAME AS STATED ON ORIGINAL Chiyo Nishimori		

2 OF 2

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
	34A	CR-BU	CR-BU, CR-TR
	34B	Forest Lawn Mem. Park Glendale 1712 S. Glendale Ave., Glendale, CA	1/3 Ashes Forest Lawn Mem. Park Glendale 1712 S. Glendale Ave., Glendale, CA 1/3 Ashes Shoye Cemetery, Fukuoka-Ken, Japan
9. Required by the State of California Vital Records Office, when dividing ashes.			

PART III SUPPORTING AFFIDAVITS—PLEASE COMPLETE AND SIGN IN BLACK INK ONLY

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>[Signature]</i>	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Mortuary President	10C. DATE SIGNED 2-16-1993
	10D. AGE 40	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) 707 E. Temple St., Los Angeles, CA 90012	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>[Signature]</i>	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Mortuary Administrator	11C. DATE SIGNED 2-16-1993
	11D. AGE 29	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) 707 E. Temple St., Los Angeles, CA 90012	
STATE/LOCAL REGISTRAR USE ONLY	12. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>[Signature: Robert C. Matzke]</i>		13. DATE ACCEPTED FOR REGISTRATION FEB 16 1993

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 8/90)
90 58443

REQUESTED BY
Lawrence P. Damm
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 FEB 11 NO 33

SUZANNE BEAUDREAU
RECORDER
900 PAID *ke* DEPUTY

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEB 16 1993

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Director of Health Services and Registrar

329881

BK0294PG2023