

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

A.P.N. # 1320-29-113-002

✓ TOSHIYE MURAKAMI  
1768 LANTANA DRIVE  
MINDEN, NV 89423

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
                                  } ss.  
COUNTY OF DOUGLAS }

TOSHIYE MURAKAMI, of legal age, being first duly sworn, deposes and says:  
That TAKASHI MURAKAMI, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as TAKASHI MURAKAMI  
named as one of the parties in that certain DEED dated September 03, 1998  
executed by Western Nevada Properties, Inc.  
to TAKASHI MURAKAMI and TOSHIYE MURAKAMI, husband and wife  
as joint tenants, recorded as Instrument No. 449552, on September 16, 1998  
in Book 998, Page 3156, of Official Records of DOUGLAS  
County, Nevada, covering the following described property situated in the DOUGLAS  
County, State of Nevada:

Lot 431, as shown on the official plat of WINHAVEN, UNIT NO. 6,  
filed for record in the office of the County Recorder of Douglas  
County, Nevada, on August 4, 1994, in Book 894 of Official Records  
at Page 692, as Document No. 343273.

Assessors Parcel No. 1320-29-113-002

DATE: November 18, 1999

*Toshiye Murakami*  
\_\_\_\_\_  
TOSHIYE MURAKAMI

STATE OF Nevada }  
                                  } ss.  
COUNTY OF DOUGLAS }



This instrument was acknowledged before me on November 18, 1999  
by, TOSHIYE MURAKAMI

\_\_\_\_\_  
Signature *J. M. Newman*  
Notary Public

0481385  
BK 1199PG4256

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER				
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. <b>Takashi MURAKAMI</b>		DATE OF DEATH (Month, Day, Year) 2. <b>Nov. 8, 1999</b>	COUNTY OF DEATH 3a. <b>Douglas</b>		
	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Valley Meadows Living Center</b>	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>	SEX 4. <b>Male</b>	
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>Asian</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. <b>81</b>	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>Jan. 23, 1918</b>
	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed. 10. <b>16</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Toshiye Nagasugi</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. <b>6621</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Communications Specialist</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Education</b>	
	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Minden</b>	STREET AND NUMBER 15d. <b>1768 Lantana Dr.</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>	
PARENTS	FATHER—NAME First Middle Last 16. <b>Shintaro Murakami</b>		MOTHER—MAIDEN NAME First Middle Last 17. <b>Toku Chiba</b>			
	INFORMANT—NAME (Type or Print) 18a. <b>Toshiye Murakami-Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>1768 Lantana Dr. Minden, NV 89423</b>			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>	CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>	LOCATION City or Town State 19c. <b>Carson City, Nevada</b>			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>	NAME AND ADDRESS OF FACILITY 20c. <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b>			
CERTIFIER	21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. 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. (Signature and Title) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.) 21b. <b>11/8/99</b>	HOUR OF DEATH 21c. <b>1305</b>	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>David Hoskins, M.D., 1190 High School St., Gardnerville, NV 89410</b>		LICENSE NUMBER 23b. <b>4628</b>			
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>Nov. 10, 1999</b>	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
CAUSE OF DEATH	PART I (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death				
	(b) <b>Bronchio-alveolar cell Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death				
	(c)	Interval between onset and death				
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypoplastic Marrow, Anemia, Parkinson's Dz, Dementia</b>		AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>		
ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	



STATE REGISTRAR

No. 146483

*Gyonne Sylva*  
BK 1199 PG 4257  
0481385  
State Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **NOV 10 1999**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY

TOSHIE MURAKAMI

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

1999 NOV 23 PM 2: 54

LINDA SLATER  
RECORDER

\$ 900 PAID Bh DEPUTY

0481385

BK 1199PG4258