

✓ WHEN RECORDED PLEASE RETURN TO:

Toshiye Murakami  
1768 Lantana Drive  
Minden, NV 89423  
Assessors Parcel No. 1320-29-113-002

**AFFIDAVIT OF SURVIVING JOINT TENANT**  
**TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

TOSHIYE MURAKAMI does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1.       Affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated;
2.       Affiant is the surviving spouse of TAKASHI MURAKAMI, deceased;
3.       TAKASHI MURAKAMI died in the City of Gardnerville, State of Nevada, on November 8, 1999. A certified copy of the Death Certificate of TAKASHI MURAKAMI is attached to this Affidavit, marked Exhibit "A";
4.       On September 16, 1998, the undersigned and TOSHIYE MURAKAMI acquired title as joint tenants to a parcel of real property situated in Douglas County, Nevada, by Grant, Bargain and Sale Deed. The legal description of the real property is as follows:

ESCROW NO: 98010326

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.

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

5. At the time of death of TAKASHI MURAKAMI, title to the real property described in paragraph 4 above continued to be held by TAKASHI MURAKAMI and TOSHIYE MURAKAMI, as joint tenants. As a result of the death of TAKASHI MURAKAMI and the joint tenancy form of title, the real property described in paragraph 4 above is now owned by TOSHIYE MURAKAMI.

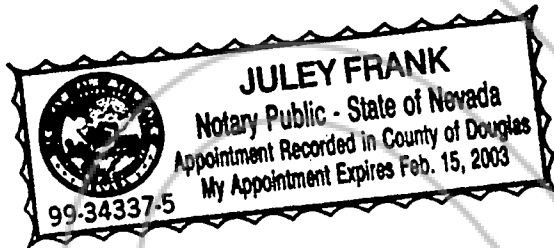
DATED this 07 day of March, 2000.

Toshiye Murakami  
TOSHIYE MURAKAMI

SUBSCRIBED and SWORN to before me

this 7<sup>th</sup> day of March, 2000.

Juley Frank  
NOTARY PUBLIC



# 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

99 013125

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last <b>Takashi MURAKAMI</b>		DATE OF DEATH (Month, Day, Year) <b>Nov. 8, 1999</b>	STATE FILE NUMBER <b>99 013125</b>	COUNTY OF DEATH <b>Douglas</b>
CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Valley Meadows Living Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient 5</b>	SEX <b>4 Male</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. 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.		AGE—Last Birthday (Years) <b>7a. 81</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8. Jan. 23, 1918</b>
STATE OF BIRTH (If not U.S.A., name country) <b>9a. California</b>	CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 16</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>12. Toshiye Nagasugi</b>		
SOCIAL SECURITY NUMBER <b>13. ████████-6621</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Communications Specialist 257</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Education 847</b>			
RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Minden</b>	STREET AND NUMBER <b>15d. 1768 Lantana Dr.</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>	
FATHER—NAME First Middle Last <b>16. Shintaro Murakami</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Toku Chiba</b>				
INFORMANT—NAME (Type or Print) <b>18a. Toshiye Murakami-Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 1768 Lantana Dr. Minden, NV 89423</b>				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. FitzHenry's Crematory</b>		LOCATION City or Town State <b>19c. Carson City, Nevada</b>		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 217</b>	NAME AND ADDRESS OF FACILITY <b>20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 48</b>			
To be completed by CERTIFYING PHYSICIAN <b>21a. [Signature]</b> DATE SIGNED (Mo., Day, Yr.) <b>21b. 11/8/99</b>		To be completed by Coroner's Office <b>22a. [Signature]</b> DATE SIGNED (Mo., Day, Yr.) <b>22b. 11/8/99</b>		HOUR OF DEATH <b>22c. 1305</b>		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. David Hoskins, M.D., 1190 High School St., Gardnerville, NV 89410</b>		LICENSE NUMBER <b>23b. 4628</b>				
REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. Nov. 10, 1999</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Broncho-alveolar cell Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF (c) _____		Interval between onset and death Interval between onset and death Interval between onset and death				
PART II <b>Hypoplastic Marrow Anemia, Parkinson's Dz, Dementia</b>		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>26. No</b>		AUTOPSY (Specify Yes or No) <b>26. No</b>		
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c. M</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>			
INJURY AT WORK (Specify Yes or No) <b>28e.</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	LOCATION <b>28g.</b>	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

STATE REGISTRAR

No. 146483

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

*Gyonne Sylva*

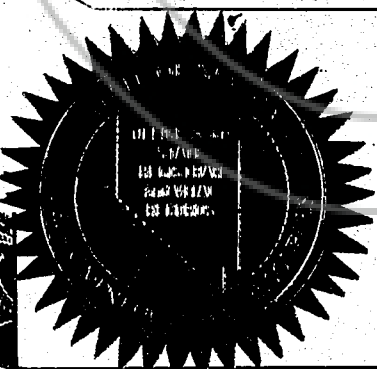
Date Issued: MAR 02 2000 0487560

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0300PGT272

EXHIBIT A



COPY

REQUESTED BY  
Evan Beavers + Associates  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 MAR -8 AM 9:45

LINDA SLATER  
RECORDER

s/0 PAID K2 DEPUTY

0487560  
BK0300PG1273