

Recording requested by and  
when recorded mail to:  
and mail tax statements to:

R.P.T.T.: None  
Exemption #4

✓ Dennis C. W. Kim  
95-120 Lewanuu Pl  
Mililani, HI 96789

Assessor's Parcel No. 1220-22-210-068

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF HAWAII     )  
                                  )ss.  
COUNTY OF            )

DENNIS C. W. KIM, being first duly sworn, upon oath, deposes and says:

That GEORGE Y. H. KIM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the GEORGE Y. H. KIM named as one of the property owners as a joint tenant, in that certain lot, parcel or piece of land situated, lying and being in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot No. 691, as shown on the map of Gardnerville Ranchos Unit No. 6, being a revision of the West 1/2 of Gardnerville Ranchos Unit No. 5 and other lands, filed in the office of the County Recorder of Douglas County of the State of Nevada on May 29, 1973. Document No. 66512.

As acquired in joint tenancy by that Deed, dated 26 November 1975, recorded at Book 276, Page 830, as Document No. 87411.

That the said decedent GEORGE Y. H. KIM died on 10 April 1998.

That DENNIS C. W. KIM is the surviving joint tenant.

Dated this 25<sup>th</sup> day of July, 2000.

*Dennis C. W. Kim*  
DENNIS C. W. KIM

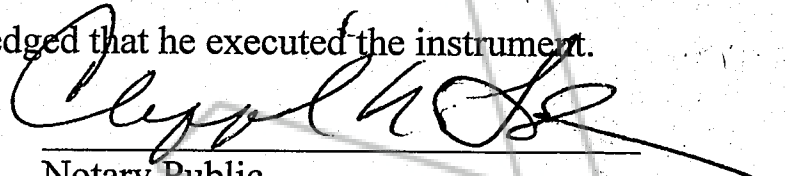
0496947  
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STATE OF HAWAII )  
 )ss.  
COUNTY OF )

SEAL

On the 25<sup>th</sup> day of July, 2000, before me a notary public, personally appeared

DENNIS C. W. KIM, personally known (or proved) to me to be the person whose name is  
subscribed to the above instrument who acknowledged that he executed the instrument.



Notary Public

Clifford N. TADESON

My Commission Expires: 10-16-2000

COPY

CERTIFICATE OF DEATH

STATE FILE NO. 151

1. DECEASED - FIRST NAME <b>GEORGE</b>			MIDDLE NAME <b>YOON HARK</b>			LAST NAME <b>KIM</b>			2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>APRIL 10, 1998</b>			
4a. RACE <b>Korean</b>		4b. IS PERSON OF SPANISH ORIGIN? <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Central-S. American <input checked="" type="checkbox"/> Other & Unknown Spanish Origin		5a. AGE - LAST BIRTHDAY (YEARS) <b>69</b>		5b. UNDER 1 YR. MOS. DAYS HOURS MIN.		5c. UNDER 1 DAY		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>March 7, 1929</b>		7a. COUNTY OF DEATH <b>Honolulu</b>	
7a-1. ISLAND OF DEATH <b>Oahu</b>		7b. CITY, TOWN OR LOCATION OF DEATH <b>Wahiawa</b>			7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Wahiawa General Hospital</b>				7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY) <b>Inpatient</b>				
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Hawaii</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Daisy Shin</b>			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>				
13. SOCIAL SECURITY NUMBER <b>0415</b>		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Police Sergeant (Retired)</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>City &amp; County Government</b>		14c. EDUCATION (Specify highest grade completed) <b>12</b>					
15a. RESIDENCE - STATE <b>Hawaii</b>		15b. COUNTY <b>Honolulu</b>		15c. CITY, TOWN, OR LOCATION <b>Wahiawa</b>		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		15e. NUMBER, STREET AND ZIP <b>2691 Puninoni Place, 96786</b>					
16. FATHER - FIRST NAME <b>Chung Whan</b>			MIDDLE NAME			LAST NAME <b>Kim</b>			17. MOTHER - FIRST NAME <b>Sillah</b>			MIDDLE NAME	MAIDEN NAME <b>Cho</b>
18a. INFORMANT - NAME <b>Daisy Shin Kim</b>				18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>2691 Puninoni Place, Wahiawa, Hawaii 96786</b>									
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mililani Memorial Park</b>				19c. LOCATION CITY OR TOWN <b>Waipio</b> STATE <b>Hawaii</b>							
19d. DATE (MONTH, DAY, YEAR) <b>April 16, 1998</b>		19e. PERMIT NUMBER <b>#1549</b>		20a. FUNERAL HOME - NAME <b>Mililani Memorial Park &amp; Mortuary</b>			20b. FUNERAL DIRECTOR - SIGNATURE <i>Paul Nelson</i>						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (items #21b through #27g where applicable) (Signature and Title) <i>Cell Catalan, MD.</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 circumstances stated and described below (items #22b through #27g where applicable) (Signature and Title) <i>Paul Nelson</i>								
21b. DATE SIGNED (MO., DAY, YR.) <b>4. 11. 98</b>			21c. TIME OF DEATH <b>1140 A.M.</b>				22b. DATE SIGNED (MO., DAY, YR.)			22c. TIME OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					22d. PRONOUNCED DEAD (MO., DAY, YR.)			22e. PRONOUNCED DEAD (TIME)					
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>ANGELITA CATALAN, MD 302 CALIFORNIA AV. #106 WAHIAWA 96786</b>													
24a. REGISTRAR - SIGNATURE <i>[Signature]</i>					24b. DATE RECEIVED BY LOCAL REGISTRAR <b>APR 13 1998</b>			24c. DATE FILED BY STATE REGISTRAR <b>APR 13 1998</b>					

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE									
(a) <b>Shock, hypotension, severe anemia</b>									
DUE TO, OR AS A CONSEQUENCE OF:									
(b) <b>Upper GI bleed from gastric ulcer</b>									
DUE TO, OR AS A CONSEQUENCE OF:									
(c) <b>End stage renal disease</b>									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								26a. AUTOPSY (YES OR NO)	
<b>Diabetes Mellitus, 2</b>									
<b>Coronary artery disease</b>								26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?	
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED			
27a. INJURY AT WORK? (SPECIFY YES OR NO)		27f. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)							
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)									

APR 20 1998

I CERTIFY THIS IS A TRUE COPY OR ABSTRACT OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH  
*Alvin T. Onaka, Ph.D.*  
STATE REGISTRAR **0496947**  
**BK0800PG0147**

COPY

REQUESTED BY  
Brooke + Shaw  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 AUG -1 PM 12: 53

LINDA SLATER  
RECORDER

\$ 10<sup>00</sup> PAID BC DEPUTY

0496947

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