

AFFIDAVIT - DEATH

APN 1220-21-610-100

EVELYN K. TOMA, of legal age, being first duly sworn, deposes and says:
That DAVID SHISHUM TOMA, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as DAVID S. TOMA

named as one of the parties in that certain CORPORATION GRANT DEED dated JULY 18, 1975
executed by SIERRA CHARTER CORPORATION OF NEVADA

to DAVID S. TOMA AND EVELYN K. TOMA, Husband and Wife as Tenancy by Entirety
as joint tenants, recorded as Instrument No. 85187, on October 29, 1975, in
Book 1075, Page 1250, of Official Records of Douglas

County, Nevada, covering the following described property situated in the _____
_____, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 573 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County
Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

A.P.N. 1220-21-610-100

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property
described, did not then exceed the sum of \$ _____.

Dated February 26, 2001

^{DRN 001 P.}
STATE OF ~~NEVADA~~ HAWAII
CITY &
COUNTY OF HONOLULU

} Evelyn K. Toma
S.S. EVELYN K. TOMA

This instrument was acknowledged before me on
February 28, 2001
by Evelyn K. Toma

Sherry R. Nagai Bornkamp
Notary Public **SHERRY NAGAI-BORNKAMP**
First Judicial Circuit, State of Hawaii
My commission expires: MAR. 9 2002

SEAL

(This area for official notarial seal)

Title Order No. 00084264 Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE	
RECORDING REQUESTED BY Western Title Company, Inc. AND WHEN RECORDED MAIL TO Name EVELYN K. TOMA Street Address City, State Zip	

0509865

0456652/26/01

BK0301PG1085

CERTIFICATE OF DEATH

STATE FILE NO. **151**

1. DECEASED - FIRST NAME DAVID		MIDDLE NAME SHISHUN		LAST NAME TOMA		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) MAY 3, 1998		
4a. RACE Japanese		4b. IS PERSON OF SPANISH ORIGIN? 1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Central-S. American 5 <input type="checkbox"/> Other & Unknown Spanish Origin NO		5a. AGE - LAST BIRTHDAY (YEARS) 65	5b. UNDER 1 YR. MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY		6. DATE OF BIRTH (MONTH, DAY, YEAR) June 17, 1932	7a. COUNTY OF DEATH Honolulu
7a-1. ISLAND OF DEATH Oahu		7b. CITY, TOWN OR LOCATION OF DEATH Honolulu		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Francis Medical Center			7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY) Inpatient		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Hawaii		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Evelyn Kimie Shimabukuro		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13. SOCIAL SECURITY NUMBER 6662		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Heavy Equipment Mechanic (Retired)			14b. KIND OF BUSINESS OR INDUSTRY Construction Company		14c. EDUCATION (Specify highest grade completed) 12		
15a. RESIDENCE - STATE Hawaii		15b. COUNTY Honolulu		15c. CITY, TOWN, OR LOCATION Waipahu		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	15e. NUMBER, STREET AND ZIP 94-378 Oililua Place, 96797		
16. FATHER - FIRST NAME Takeo			MIDDLE NAME Toma			LAST NAME Toma			
17. MOTHER - FIRST NAME Tomiko			MIDDLE NAME Toguchi			MAIDEN NAME Toguchi			
18a. INFORMANT - NAME Evelyn Kimie Toma				18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 94-378 Oililua Place, Waipahu, Hawaii 96797					
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		19b. CEMETERY OR CREMATORY - NAME Mililani Memorial Park			19c. LOCATION CITY OR TOWN Waipio STATE Hawaii				
19d. DATE (MONTH, DAY, YEAR) May 7, 1998		19e. PERMIT NUMBER #2207		20a. FUNERAL HOME - NAME MILILANI MEMORIAL PARK & MORTUARY		20b. FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</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>[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 circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) <i>[Signature]</i>	
21b. DATE SIGNED (MO., DAY, YR.) 5/4/98		21c. TIME OF DEATH 2:50 P M	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22b. DATE SIGNED (MO., DAY, YR.)	
		22c. TIME OF DEATH	
		22d. PRONOUNCED DEAD (MO., DAY, YR.)	
		22e. PRONOUNCED DEAD (TIME)	
		ON	
		AT	

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT)
Roland C. K. Ng, M.D. 321 N. Kuakini Street, Suite 407, Honolulu, Hawaii 96817

24a. REGISTRAR - SIGNATURE
[Signature]

24b. DATE RECEIVED BY LOCAL REGISTRAR
MAY - 5 1998

24c. DATE FILED BY STATE REGISTRAR
MAY - 5 1998

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

IMMEDIATE CAUSE (a) Hypotension	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: (b) Adrenal insufficiency	
(c)	

25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

CNS vasculitis, sepsis, endstage renal disease, diabetes mellitus, degenerative joint disease of knees

26a. AUTOPSY (YES OR NO)
Yes

26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

27b. DATE OF INJURY (MONTH, DAY, YEAR)

27c. TIME OF INJURY

27d. DESCRIBE HOW INJURY OCCURRED

27e. 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)

MAY 11 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

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2001 MAR -5 PM 3:47

LINDA SLATER
RECORDER
\$ *900* PAID *BC* DEPUTY

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