



# STATE OF NEVADA

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## DEPARTMENT OF HUMAN RESOURCES

### DIVISION OF HEALTH VITAL STATISTICS

#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

#### STEWART TITLE OF DOUGLAS COUNTY — DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
<b>DECEDENT</b>	1. <b>DECEASED—NAME</b> First Middle Last <b>Kaname OKAWA</b>	2. <b>DATE OF DEATH</b> (Month, Day, Year) <b>July 15, 2001</b>
	3b. <b>CITY, TOWN OR LOCATION OF DEATH</b> <b>Carson City</b>	3a. <b>COUNTY OF DEATH</b> <b>Carson City</b>
<b>PARENTS</b>	3c. <b>HOSPITAL OR OTHER INSTITUTION—Name</b> (If not either, give street and number) <b>1544 Harper Drive</b>	3e. <b>SEX</b> <b>Male</b>
	5. <b>RACE</b> —(e.g., White, Black, American Indian, etc.) (Specify) <b>Japanese</b>	6. <b>Was Decedent of Hispanic Origin?</b> Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.
<b>DISPOSITION</b>	7a. <b>AGE—Last Birthday</b> (Years) <b>71</b>	7b. <b>UNDER 1 YEAR</b> MOS : DAYS
	7c. <b>UNDER 1 DAY</b> HOURS : MINS	8. <b>DATE OF BIRTH</b> (Mo., Day, Yr.) <b>March 10, 1930</b>
<b>CERTIFIER</b>	9a. <b>STATE OF BIRTH</b> (If not U.S.A., name country) <b>California</b>	9b. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
	10. <b>Decedent's Education.</b> Specify highest grade completed. <b>12</b>	11. <b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>
<b>CAUSE OF DEATH</b>	12. <b>SURVIVING SPOUSE</b> (If wife, give maiden name) <b>Toshiko Shimizu</b>	13. <b>SOCIAL SECURITY NUMBER</b> <b>505-10-1283</b>
	14a. <b>USUAL OCCUPATION</b> (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Installer</b>	14b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Floor Covering</b>
<b>CAUSE OF DEATH</b>	15a. <b>RESIDENCE—STATE</b> <b>Nevada</b>	15b. <b>COUNTY</b> <b>Carson City</b>
	15c. <b>CITY, TOWN, OR LOCATION</b> <b>Carson City</b>	15d. <b>STREET AND NUMBER</b> <b>1544 Harper Dr.</b>
<b>CAUSE OF DEATH</b>	15e. <b>INSIDE CITY LIMITS</b> (Specify Yes or No) <b>Yes</b>	16. <b>FATHER—NAME</b> First Middle Last <b>Sakuzo Okawa</b>
	17. <b>MOTHER—MAIDEN NAME</b> First Middle Last <b>Tomi Iba</b>	18a. <b>INFORMANT—NAME</b> (Type or Print) <b>Toshiko Okawa</b>
<b>CAUSE OF DEATH</b>	18b. <b>MAILING ADDRESS</b> (Street or R.F.D. No., City or Town, State, Zip) <b>1544 Harper Dr., Carson City, Nevada 89701-6835</b>	19a. <b>BURIAL, CREMATION, REMOVAL, OTHER</b> (Specify) <b>Cremation</b>
	19b. <b>CEMETERY OR CREMATORY—NAME</b> <b>FitzHenry's Crematory</b>	19c. <b>LOCATION</b> City or Town State <b>Carson City, Nevada</b>
<b>CAUSE OF DEATH</b>	20a. <b>FUNERAL DIRECTOR—SIGNATURE</b> (Or Person Acting as Such) <i>[Signature]</i>	20b. <b>FUNERAL DIRECTOR LICENSE NUMBER</b> <b>217</b>
	20c. <b>NAME AND ADDRESS OF FACILITY</b> <b>FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701</b>	21. <b>To be completed by CERTIFYING PHYSICIAN</b>
<b>CAUSE OF DEATH</b>	21a. <b>To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</b> (Signature and Title) <i>[Signature]</i>	21b. <b>DATE SIGNED</b> (Mo., Day, Yr.) <b>7-16-01</b>
	21c. <b>HOUR OF DEATH</b> <b>1815</b>	21d. <b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER</b> (Type or Print)
<b>CAUSE OF DEATH</b>	22a. <b>To be completed by Coroner's Office</b>	22b. <b>DATE SIGNED</b> (Mo., Day, Yr.)
	22c. <b>HOUR OF DEATH</b>	22d. <b>PRONOUNCED DEAD</b> (Mo., Day, Yr.)
<b>CAUSE OF DEATH</b>	22e. <b>ON</b>	22f. <b>AT</b>
	23a. <b>NAME AND ADDRESS OF CERTIFIER</b> (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Richard Yamamoto, M.D., 604 W. Washington, Carson City, Nevada</b>	23b. <b>LICENSE NUMBER</b> <b>5778</b>
<b>CAUSE OF DEATH</b>	24a. <b>REGISTRAR</b> (Signature) <i>[Signature]</i>	24b. <b>DATE RECEIVED BY REGISTRAR</b> (Mo., Day, Yr.) <b>July 16, 2001</b>
	24c. <b>DEATH DUE TO COMMUNICABLE DISEASE</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. <b>IMMEDIATE CAUSE</b> (ENTER ONLY ONE CAUSE PER LINE—OR (a), (b), AND (c).)
<b>CAUSE OF DEATH</b>	PART I (a) <b>DUE TO, OR AS A CONSEQUENCE OF:</b> <b>Metastatic Pancreatic Carcinoma</b>	Interval between onset and death
	(b) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>	Interval between onset and death
<b>CAUSE OF DEATH</b>	(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>	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>Diabetes mellitus, Coronary Artery Disease</b>	26. <b>AUTOPSY</b> (Specify Yes or No) <b>No</b>
<b>CAUSE OF DEATH</b>	27. <b>WAS CASE REFERRED TO CORONER</b> (Specify Yes or No) <b>No</b>	28a. <b>ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.</b> (Specify)
	28b. <b>DATE OF INJURY</b> (Mo., Day, Yr.)	28c. <b>HOUR OF INJURY</b>
<b>CAUSE OF DEATH</b>	28d. <b>DESCRIBE HOW INJURY OCCURRED</b>	28e. <b>INJURY AT WORK</b> (Specify Yes or No)
	28f. <b>PLACE OF INJURY</b> —At home, farm, street, factory, office building, etc. (Specify)	28g. <b>LOCATION.</b> STREET OR R.F.D. No. CITY OR TOWN STATE
<b>CAUSE OF DEATH</b>	28h. <b>LOCATION.</b> STREET OR R.F.D. No. CITY OR TOWN STATE	28i. <b>STATE</b>
	28j. <b>STATE</b>	

No. 183745



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: **JUL 16 2001** **0535676**

*[Signature]*  
State Registrar

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Inventory No: 17-010-13-01

STEWART TITLE OF DOUGLAS COUNTY

EXHIBIT "A"  
(Walley's)

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1071st interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57° 32' 32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80° 00' 00" East, 93.93 feet; thence North 35° 00' 00" East, 22.55 feet; thence North 10° 00' 00" West, 92.59 feet; thence North 80° 00' 00" East, 72.46 feet; thence South 10° 00' 00" East, 181.00 feet; thence South 80° 00' 00" West, 182.33 feet; thence North 10° 00' 00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a DELUXE UNIT each year in accordance with said Declaration.

A Portion of APN 17-212-05 now known as 1319-22-000-003

REQUESTED BY  
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB 27 AM 10: 25

LINDA SLATER  
RECORDER

PAID *16* DEPUTY

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