

APN: 1220-21-510-070

WHEN RECORDED MAIL TO:

✓
NG & NIEBLING, LLLC
3604 Waiālae Avenue
Honolulu, Hawaii 96816
Telephone: (808) 732-7788

Y: 7307 (Nevada property)

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF NEVADA

)

) SS.

DOUGLAS COUNTY

)

ANGELINE N.C. KAU, being first duly sworn, depose and say:

1. That **WENDELL KULINA KAU**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **WENDELL KULINA KAU**, trustee for the **WENDELL KULINA KAU REVOCABLE LIVING TRUST AGREEMENT** dated April 13, 1992, named as Grantee in that certain Deed dated April 13, 1992, recorded on MAR 28 2003 as Document No. 0571057, Book 307, Page No. 14052 in the Official Records in the Office of the County Recorder of Douglas County, Nevada, covering an undivided (1/2) interest in the following described property situated in the County of Douglas, State of Nevada:

PARCEL 1:

All that real property in the unincorporated area, County of Douglas, State of Nevada, bounded and described as follows:

LOT 321, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, being a revision on the West 1/2 of GARDNERVILLE RANCHOS UNIT NO. 5 and other lands, filed in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as File No. 66512, Book 573, Page No. 1026.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

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STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

CERTIFICATE OF DEATH

STATE FILE NO. 151 **02693**

1. DECEASED — FIRST NAME WENDELL			MIDDLE NAME KULINA			LAST NAME KAU			2. SEX Male		3. DATE OF DEATH (MONTH, DAY, YEAR) April 18, 2002			
4a. RACE Hawaiian/Chinese 03			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			5a. AGE—LAST BIRTHDAY (Years) 80		5b. UNDER 1 YR. MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (MONTH, DAY, YEAR) September 13, 1921			7b. 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) Queen's 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. 58			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Angeline N.C. Yee			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes			
13. SOCIAL SECURITY NUMBER 5789			14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mail Handler, Retired 883			14b. KIND OF BUSINESS OR INDUSTRY Federal Government 412			14c. EDUCATION (Specify highest grade completed) 6					
15a. RESIDENCE-STATE Hawaii		15b. COUNTY Honolulu		15c. CITY, TOWN OR LOCATION Kaneohe		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		15e. NUMBER, STREET AND ZIP 45-604 Kulukeoe Street 96744						
16. FATHER — FIRST NAME Kong			MIDDLE NAME -			LAST NAME Kau			17. MOTHER — FIRST NAME Lilly		MIDDLE NAME K.		MAIDEN NAME Makalena	
18a. INFORMANT — NAME Angeline N.C. Kau				18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 45-604 Kulukeoe Street, Kaneohe, Hawaii 96744										
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			19b. CEMETERY OR CREMATORY-NAME National Memorial Cemetery of the Pacific					19c. LOCATION CITY OR TOWN Honolulu STATE Hawaii						
19d. DATE (MONTH, DAY, YEAR) May 6, 2002			19e. PERMIT NUMBER 1714		20a. FUNERAL HOME—NAME Nuuanu Memorial Park Mortuary			20b. FUNERAL DIRECTOR—SIGNATURE <i>Don M. Shing</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>Jonh P. Callan, M.D.</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>Jonh P. Callan, M.D.</i>									
21b. DATE SIGNED (MO., DAY, YR.) 4-22-02					21c. TIME OF DEATH 11:14 P. M.									
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Jonh P. Callan					22b. DATE SIGNED (MO., DAY, YR.)					22c. TIME OF DEATH				
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Jonh P. Callan, M.D., 1329 Lusitana Street, Suite 601, Honolulu, Hawaii 96813					22d. PRONOUNCED DEAD (MO., DAY, YR.)					22e. PRONOUNCED DEAD (TIME)				
24a. REGISTRAR - SIGNATURE <i>R. Lavarias</i>					24b. DATE RECEIVED BY LOCAL REGISTRAR APR 25 2002					24c. DATE FILED BY STATE REGISTRAR APR 25 2002				
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST														
(a) Cardiac arrest												10 min		
(b) Pneumonia												3 wks		
(c) Respiratory failure														
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)												26a. AUTOPSY (YES OR NO) NO		
Renal insufficiency												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					
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 - 8 2002

Alvin T. Onaka, Ph.D.

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2. That pursuant to Article 6.00 of said trust agreement, Affiant is now the Successor Trustee to serve in WENDELL KULINA KAU's place.


3. That Affiant's address is 45-604 Kulukeoe Street, Kaneohe, Hawaii 96744.

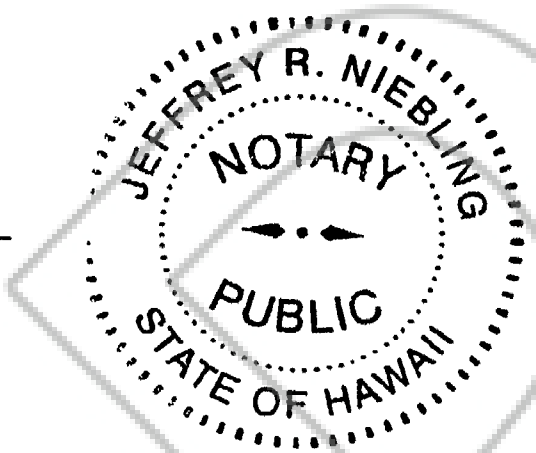
Further Affiant sayeth naught.

Dated: Honolulu, Hawaii, FEB 1 1 2003.

Angeline N.C. Kau
ANGELINE N.C. KAU, Successor Trustee

Subscribed and sworn to before me
on FEB 1 1 2003.


Name: Jeffrey R. Niebling
Notary Public, State of Hawaii
My commission expires: 9-12-03



REQUESTED BY
NG + Niebling
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 APR 17 PM 2:45

WERNER CHRISTEN
RECORDER

\$ 16 PAID K2 DEPUTY

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