

A.P.N. 1220-21-510-223
Escrow No: 23707358

When recorded, mail to:
Rolland Sugimoto
3515 Nipo Street
Honolulu, HI 96822

REQUESTED BY
MARQUIS TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JAN -5 PM 3: 27

WERHER CHRISTEN
RECORDER

\$15⁰⁰ PAID *KJ* DEPUTY

AFFIDAVIT BY SURVIVING TENANT

The undersigned, Rolland Satoru Sugimoto being first duly sworn, deposes and says:

That Affiant is the surviving spouse of Marion Machiko Sugimoto and that the Affiant and the said Marion Machiko Sugimoto deceased, are the Grantees in the TENANCY under that certain Tenancy Deed dated the 18th day of February, 1975, under the terms of which Sierra Charter Corporation of Nevada was Grantor to: Rolland Satoru Sugimoto and Marion Machiko Sugimoto as husband and wife as Tenants by entirety, upon the terms, covenants and provisions as set forth therein, said document recorded March 25, 1975, in Book 375 at Page 724 as Document No: 79051 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

Lot 217, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as Document No. 66512, Official Records of Douglas County, State of Nevada.

That the said one of the Grantees in the Joint Tenancy Deed, died on the 12th day of May, 1999 and is the identical person named in that certain certified copy of Certificate of Death attached hereto as Exhibit "A" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, Rolland Satoru Sugimoto, as of the date of decedent's death.

Dated: December 31, 2003

Rolland Satoru Sugimoto
Rolland Satoru Sugimoto
SATORU
B. *MS*

STATE OF HAWAII
COUNTY OF HONOLULU

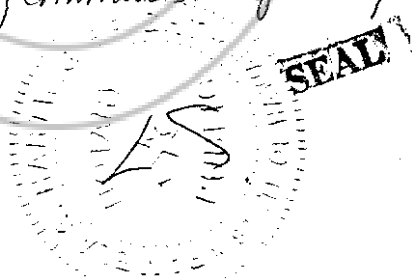
On December 31, 2003, before me, the undersigned, a Notary Public in and for said County, personally appeared *Rolland Satoru Sugimoto*, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

WHEN RECORDED MAIL TO:

Signature *Pamela S Hartwig Bright*
NOTARY PUBLIC
Pamela S Hartwig Bright
my Commission expires: 7/29/2005

Roland Sugimoto
3515 Nipo Street
Honolulu, HI 96822



0601215
BK 0104 PG 00726

CERTIFICATE OF DEATH

STATE
FILE NO. 151

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|
| 1. DECEASED - FIRST NAME MARION | | | MIDDLE NAME MACHIKO | | | LAST NAME SUGIMOTO | | | 2. SEX Female | | 3. DATE OF DEATH (MONTH, DAY, YEAR) May 12, 1999 | | | | | | | | |
| 4a. RACE Japanese | | | 4b. IS PERSON OF SPANISH ORIGIN? 1. Puerto Rican 2. Mexican 3. Cuban 4. Central American 5. Other Spanish-Speaking Origin OC | | | 5a. AGE - LAST BIRTHDAY (Years) 72 | | | 5b. UNDER 1 YR MOS. DAYS HOURS MIN | | | 6. DATE OF BIRTH (MONTH, DAY, YEAR) February 9, 1927 | | 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) Queen's Medical Center | | | 7d. IF HOSP. OR INST. INDICATE DOA, OPREMER, AM, 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) Rolland Satoru Sugimoto | | | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No | | | | | | | |
| 13. SOCIAL SECURITY NUMBER -6013 | | | 14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Homemaker | | | 14b. KIND OF BUSINESS OR INDUSTRY Own Home | | | 14c. EDUCATION (Specify highest grade completed) 12 | | | | | | | | | | |
| 15a. RESIDENCE STATE Hawaii | | | 15b. COUNTY Honolulu | | | 15c. CITY, TOWN OR LOCATION Honolulu | | | 15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | | | 15e. NUMBER, STREET AND ZIP 3515 Nipo Street 96822 | | | | | | | |
| 16. FATHER - FIRST NAME Heikichi | | | MIDDLE NAME | | | LAST NAME Ichida | | | 17. MOTHER - FIRST NAME Misae | | | MAIDEN NAME Teramoto | | | | | | | |
| 18a. INFORMANT - NAME Rolland S. Sugimoto | | | | | | 18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 3515 Nipo Street, Honolulu, Hawaii 96822 | | | | | | | | | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | | | 19b. CEMETERY OR CREMATORY NAME Oahu Crematory | | | 19c. LOCATION CITY OR TOWN Honolulu, Hawaii STATE | | | | | | | | | | | | | |
| 19d. DATE (MONTH, DAY, YEAR) May 14, 1999 | | | 19e. PERMIT NUMBER #2407 | | | 20a. FUNERAL HOME - NAME HOSOI GARDEN MORTUARY, INC. | | | 20b. FUNERAL DIRECTOR - SIGNATURE S. Oshido | | | | | | | | | | |
| 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>David J.G. Ferguson M.D.</i> | | | | | To be completed by MEDICAL EXAMINER OR CORONER ONLY | | | | | 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>David J.G. Ferguson M.D.</i> | | | | | | | | | |
| 21b. DATE SIGNED (MO., DAY, YR.) 5.13.99 | | | | | | | | | | 21c. TIME OF DEATH 10.56 A.M. | | | | | 22b. DATE SIGNED (MO., DAY, YR.) | | | | |
| 21d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER, TYPE OR PRINT) | | | | | | | | | | 22c. TIME OF DEATH | | | | | 22d. PRONOUNCED DEAD (MO., DAY, YR.) | | | | |
| 21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) David J.G. Ferguson, M.D., 1329 Lusitana Street, Suite 504, Honolulu, Hawaii 96813 | | | | | | | | | | 22e. PRONOUNCED DEAD (TIME) at | | | | | 22f. PRONOUNCED DEAD (TIME) at | | | | |
| 24a. REGISTRAR - SIGNATURE <i>A. Shim</i> | | | | | 24b. DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1999 | | | | | 24c. DATE FILED BY STATE REGISTRAR MAY 14 1999 | | | | | | | | | |
| 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) IMMEDIATE CAUSE ACUTE RENAL FAILURE | | | | | | | | | | | | 1 week | | | | | | | |
| (b) DUE TO OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE | | | | | | | | | | | | 5 years | | | | | | | |
| (c) DUE TO OR AS A CONSEQUENCE OF MITRAL VALVE DISEASE | | | | | | | | | | | | 45 years | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | | | | | | | 26a. AUTOPSY (YES OR NO) | | | | | | | |
| | | | | | | | | | | | | 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 20 1999

David J.G. Ferguson, Ph.D.
STATE REGISTRAR

0601215

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