

DOC # 0763439
05/12/2010 12:27 PM Deputy: KE
OFFICIAL RECORD
Requested By:
ALLAN T HIKOYEDA

APN: 1319-30-520-004
ORDER NO.:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0510 PG- 2054 RPIT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF A JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title:

WHEN RECORDED MAIL TO: GEORGE HINOKI
c/o ALLAN T. HIKOYEDA, ESQ.
675 N. First Street, Ste. PH-7
San Jose, CA 95112

WHEN RECORDED MAIL THIS DEED TO:
EARSEI HINOKI
c/o Allan T. Hikoyeda, Esq.
675 N. First St., Ste. PH-7
San Jose, CA 95112-5112

MAIL TAX STATEMENTS TO:
EARSEI HINOKI
120 Everson St.
San Francisco, CA 94131

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF A JOINT TENANT

GEORGE HINOKI, of legal age, being duly sworn, deposes and says:

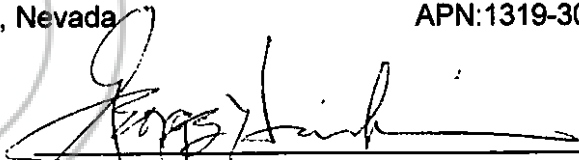
That KOE HINOKI, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as KOE HINOKI, named as one of the parties in that certain Grant, Bargain, Sale Deed, dated December 20, 1982, executed by EIJI WATANABE, to KOE HINOKI, a single person, EARSEI HINOKI, a single person, and GEORGE HINOKI, a single person, as joint tenants, recorded as Instrument Number 075060, on January 11, 1983, in Book 183, page 505, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada.

See Exhibit A, attached hereto and made a part hereof

Commonly known as: 313 Tramway Drive, Unit 4, Nevada

APN:1319-30-520-004

DATED: May 10, 2010



GEORGE HINOKI

State of California)
County of Santa Clara)ss.

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 10th day of May, 2010, by GEORGE HINOKI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.



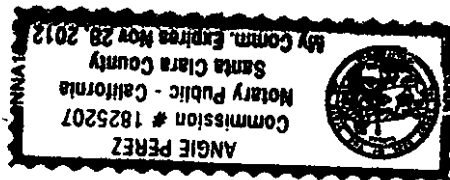


Exhibit A

Real property in the County of Douglas, State of Nevada, described as follows:

Unit 4, as set forth on that Condominium Map of lot 51, 6th Amended Map of Tahoe Village Unit No. 1, recorded May 25, 1982, in book 582 at page 1325, Douglas County, Nevada, as Document No. 68043, said Map being a Condominium Map of Lot 51, TAHOE VILLAGE UNIT NO. 1, an amended map of ALPINE VILLAGE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 7, 1971, as Document No. 55769.

Together with an undivided 1/30th interest in the Common Area as set forth on said Condominium Map.

Commonly known as: 313 Tramway Drive Unit 4, Nevada
APN: 1319-30-520-004

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3200738000369

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ERASURES, WRITINGS OR ALTERATIONS (VS-10REV 10-01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
KOE				HINOKI	
4. DATE OF BIRTH mm/dd/yyyy					
09/21/1922		5. AGE Yrs		84	
6. SEX					
M					
9. BIRTH STATE/FOREIGN COUNTRY					
CALIFORNIA					
10. SOCIAL SECURITY NUMBER					
9921					
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS (at Time of Death)					
NEVER MARRIED					
7. DATE OF DEATH mm/dd/yyyy					
01/23/2007					
8. HOUR (24 Hours)					
1212					
13. EDUCATION - Highest Level/Degree (see worksheet on back)					
BACHELOR					
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
JAPANESE					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
CIVIL ENGINEER					
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
STATE GOVERNMENT					
19. YEARS IN OCCUPATION					
30					
20. DECEDENT'S RESIDENCE (Street and number or location)					
1881 BUSH ST.					
21. CITY					
SAN FRANCISCO					
22. COUNTY/PROVINCE					
SAN FRANCISCO					
23. ZIP CODE					
94109					
24. YEARS IN COUNTY					
2					
25. STATE/FOREIGN COUNTRY					
CALIFORNIA					
26. INFORMANT'S NAME, RELATIONSHIP					
GEORGE HINOKI, BROTHER					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
724 N. FIRST ST., SAN JOSE, CA 95112					
28. NAME OF SURVIVING SPOUSE - FIRST					
29. MIDDLE					
30. LAST (Maiden Name)					
31. NAME OF FATHER - FIRST					
FRANK					
32. MIDDLE					
SAJIRO					
33. LAST					
HINOKI					
34. BIRTH STATE					
JAPAN					
35. NAME OF MOTHER - FIRST					
MIYAKO					
36. MIDDLE					
37. LAST (Maiden)					
TAKEMOTO					
38. BIRTH STATE					
JAPAN					
39. DISPOSITION DATE mm/dd/yyyy					
01/27/2007					
40. PLACE OF FINAL DISPOSITION					
COLUSA CEMETERY 1976 WILSON AVE., COLUSA, CA 95932					
41. TYPE OF DISPOSITION(S)					
BURIAL					
42. SIGNATURE OF ENBALMER					
NOT ENBALMED					
43. LICENSE NUMBER					
44. NAME OF FUNERAL ESTABLISHMENT					
MCNARY-MOORE FUNERAL SERVICE					
45. LICENSE NUMBER					
FD 410					
46. SIGNATURE OF LOCAL REGISTRAR					
MITCHELL KATZ, MD					
47. DATE mm/dd/yyyy					
01/25/2007					
101. PLACE OF DEATH					
CALIFORNIA PACIFIC MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY					
SAN FRANCISCO					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
2333 BUCHANAN STREET					
106. CITY					
SAN FRANCISCO					
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A. ATHEROSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE					
108. DEATH REPORTED TO CORONER?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. DEATH REPORTED TO CORONER?					
UNK					
110. BIOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)					
NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
115. SIGNATURE AND TITLE OF CERTIFIER					
116. LICENSE NUMBER					
117. DATE mm/dd/yyyy					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
120. INJURED AT WORK?					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
JON J SMITH MD					
127. DATE mm/dd/yyyy					
01/24/2007					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
JON J SMITH MD, ASST MEDICAL EXAMINER					
STATE REGISTRAR					
A B C D E					
FAX AUTH: #					
CENSUS TRACT					

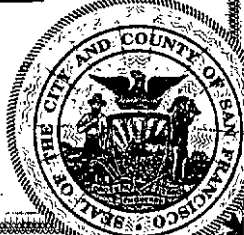
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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued 2007 FEB - 7 A 11: 28002464076*



Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar



DATE ISSUED
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.