

APN: a portion of 1319-30-722-003

Recording requested by and return to:  
Susie Bell  
Timeshare Closings for Less, Inc.  
1540 International Parkway, Suite 200  
Lake Mary, FL 32746



**AFFIDAVIT DEATH OF TRUSTEE**

**Keigi Kinoshita**, Surviving Trustee, of legal age, being duly sworn, deposes and says

That **Hideko Nora Kinoshita**, the decedent mentioned in the attached Certificate of Death, is the same person as **Nora H. Kinoshita**, named as a Trustee of that certain Declaration of Trust designating **Keigi Kinoshita and Nora H. Kinoshita** as Trustees of **Keigi Kinoshita and Nora H. Kinoshita Revocable Family Trust**, in a Deed recorded December 7, 1989 in Book 1289 at Page 702.

In accordance with the above referenced trust, **Keigi Kinoshita** shall act as Surviving Trustee of said trust upon the death of **Hideko Nora Kinoshita**.

**Keigi Kinoshita**, Surviving Trustee is filing this Affidavit with the Douglas County Recorder to establish the interest of **Keigi Kinoshita** as Surviving Trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is described in Exhibit A.

*Keigi Kinoshita*  
**Keigi Kinoshita as Surviving Trustee**

1/18/11  
**Date**

STATE OF Nevada  
COUNTY OF Clark

The foregoing instrument was acknowledged before me on January 18, 2011 by **Keigi Kinoshita** as the Surviving Trustee of the **Keigi Kinoshita and Nora H. Kinoshita Revocable Family Trust**. He is personally known to me or has presented a driver's license or passport as identification and signed this document in my presence.

*Mary Angeli Malig*  
Notary Signature  
Mary Angeli Malig  
Notary Printed Name



Affix seal and date commission expires at right:



**Exhibit "A"**

**Parcel One:** An undivided 1/51<sup>st</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to **Lot 32** as shown on Tahoe Village Unit Number 3, Fifth-Amended Map, recorded October 29, 1981, as Document Number 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document Number 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment. (B) Unit Number **103** as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

**Parcel Two:** A non exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit Number 3, recorded January 22, 1973, as Document Number 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document Number 63581, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document Number 69063 in book 973 Page 812 of Official Records and recorded July 2, 1976, as Document Number 1472 in Book 776 Page 87 of Official Records.

**Parcel Three:** An non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on, and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit Number 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

**Parcel Four:** (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document Number 63026, being over a portion of Parcel 26-A (described in Document Number 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M. and (B) an easement for ingress, egress and public utility purposes, 32" wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village Number 3, recorded October 29, 1981, as Document Number 61612, and amended by Certificate of Amendment recorded November 23, 1981, as document 6261, Official Records, Douglas County, State of Nevada.

**Parcel Five:** The exclusive right to use said Unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcel Two, Three and Four above during **One "use week" within the Summer "use season"**, as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document Number 71000 of said Official Records.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS



BK-111  
PG-6159

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CERTIFICATE OF DEATH

2007008917

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Hideko			1b. MIDDLE Nora			1c. LAST KINOSHITA			2. DATE OF DEATH (Mo/Day/Year) October 21, 2007			3a. COUNTY OF DEATH Clark					
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Odyssey Harbor House						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) Japanese			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 76			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1931		
9a. STATE OF BIRTH (If not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 17			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Keigi KINOSHITA					
13. SOCIAL SECURITY NUMBER [REDACTED] 8669			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Teacher						14b. KIND OF BUSINESS OR INDUSTRY Education								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Las Vegas			15d. STREET AND NUMBER 817 Purdy Lodge St.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Kazuhiko SATO						17. MOTHER - NAME (First Middle Last Suffix) Miyuki SHIRAIISHI											
18a. INFORMANT- NAME (Type or Print) Keigi KINOSHITA						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 817 Purdy Lodge St Las Vegas, Nevada 89138											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services						19c. LOCATION City or Town State Las Vegas Nevada					
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) MITCHELL AMOS SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 30			20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GOPALAKRISHNA IYENGAR LEELA M.D. SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)											
21b. DATE SIGNED (Mo/Day/Yr) October 23, 2007						21c. HOUR OF DEATH 02:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gopalakrishna Iyengar Leela M.D. 4011 McLeod Drive Las Vegas, NV 89121									23b. LICENSE NUMBER 11458								
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 24, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART (a) End stage pulmonary fibrosis						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
PART (b)						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
PART (c)						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									26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED								
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE		

STATE REGISTRAR

"CERTIFIED TO BE A TRUE DEATH AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

VRS-Rev.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

OCT 30 2007