

DOC # 797031
02/07/2012 03:49PM Deputy: SD
OFFICIAL RECORD
Requested By:
Western Title Company
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-212 PG-1255 RPTT: 0.00



APN#: 1420-07-112-037

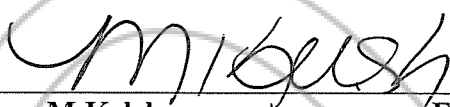
Recording Requested By:
Western Title Company, Inc.
Escrow No.: 046314-MHK

When Recorded Mail To:
Shigeo Sumida
876 Valley Crest Dr.
Carson City, NV 89705

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature 
M Kelsh Escrow Officer

Affidavit of Death Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



APN: 1319-03-811-018
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:
Shigeo Sumida
876 Valley Crest Dr.
Carson city, NV 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)

) SS.

COUNTY OF Douglas)

Shigeo Sumida, Surviving Trustee of legal age, being first duly sworn, deposes and says:

1. Anne Sumida is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated July 8, 1998, executed by Shigeo Sumida and Anne Sumida as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on ~~December~~ 18, 2003 _____ as Instrument No. 0599843, in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" attached hereto and made a part hereof

Commonly known as: 876 Valley Crest Dr, Carson City, NV 89705

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.



Dated 2-1-12

By: Shigeo Sumida, Trustee
Shigeo Sumida Surviving Trustee

STATE OF NV,
COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 1st day February 2012, by Shigeo Sumida personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)



Signature Mary Kelsh
Notary public

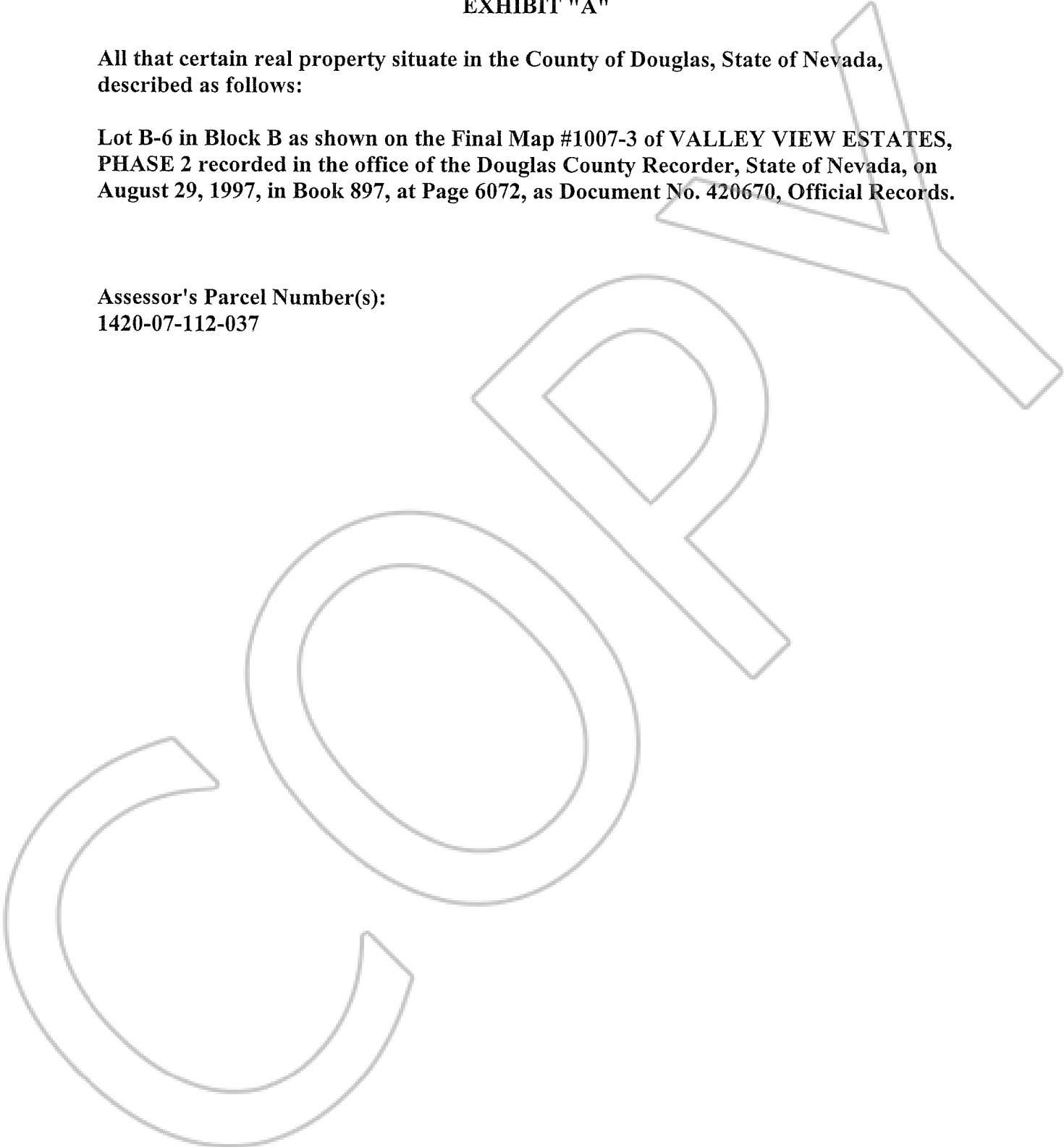


EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot B-6 in Block B as shown on the Final Map #1007-3 of VALLEY VIEW ESTATES, PHASE 2 recorded in the office of the Douglas County Recorder, State of Nevada, on August 29, 1997, in Book 897, at Page 6072, as Document No. 420670, Official Records.

**Assessor's Parcel Number(s):
1420-07-112-037**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007009833
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 Anne			1b. MIDDLE SUMIDA			1c. LAST			2. DATE OF DEATH (Mo/Day/Year) August 28, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 876 Valley Crest Dr.						3e.If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 66			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) March 27, 1941		
9a. STATE OF BIRTH (If not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 20			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Shigeo SUMIDA					
13. SOCIAL SECURITY NUMBER [REDACTED] 8325						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse						14b. KIND OF BUSINESS OR INDUSTRY Hospital					
15a. RESIDENCE - STATE California			15b. COUNTY Los Angeles			15c. CITY, TOWN OR LOCATION Newhall			15d. STREET AND NUMBER 23545 Arlen Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) Takato TASHIMA						17. MOTHER - NAME (First Middle Last Suffix) Fujino OKUDA											
18a. INFORMANT- NAME (Type or Print) Shigeo SUMIDA						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 876 Valley Crest Dr Carson City, Nevada 89705											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory						19c. LOCATION City or Town State Carson City Nevada 89706					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706								
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) GREG HUBBARD 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) GREG HUBBARD SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) November 05, 2007			22c. HOUR OF DEATH 13:00								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) August 28, 2007			22e. PRONOUNCED DEAD AT (Hour) 13:00								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423									23b. LICENSE NUMBER 262								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 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 I (a) Asphyxiation by Hanging						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(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) Suicide			28b. DATE OF INJURY (Mo/Day/Yr) August 28, 2007			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED Self Inflicted								
28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 876 Valley Crest Carson City Nevada											

STATE REGISTRAR



BK 212
PG-1259

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VRS-Rev

177681

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/19/2007

SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PHNCO (Rev. 11/06)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

