

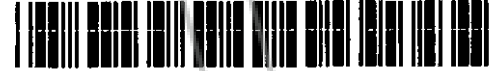
15-

DOC # 0806681
07/30/2012 11:36 AM Deputy: SG
OFFICIAL RECORD
Requested By:
TADAO MATSUMURA

Douglas County - NV
Karen Ellison - Recorder

A.P.N.: 1420-18-112-008
File No: ()

Page: 1 Of 2 Fee: 15.00
BK-0712 PG- 7393 RPTT: 0.00



When Recorded return to, and mail Tax Statements to:
✓ Tadao Matsumura
2759 Wildhorse Lane
Minden, Nv 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Tadao K. Matsumura, of legal age, being first duly sworn, deposes and says:

That **Karen M. Millius**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Karen Marie Millius** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **11-13-06** executed by **Mark Gealy and Bill Miskovetz Successor Trustees to Tadao K. Matsumura and Karen M. Millius** as joint tenants, recorded as Document No. **0688574** on **11-14-06** in Book **1106** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 8 IN BLOCK C AS SHOWN ON THE OFFICIAL MAP OF VALLEY VISTA ESTATES II, UNIT 1, A PLANNED UNIT DEVELOPMENT RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON DECEMBER 17, 1993, IN BOOK 1293, AT PAGE 3652 AS DOCUMENT NO. 325265, OFFICIAL RECORDS.

Tadao K. Matsumura 7/30/12

Tadao K. Matsumura

Date

STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **DOUGLAS**)

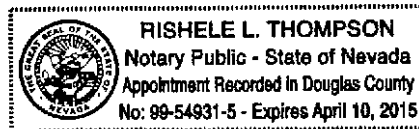
This instrument was acknowledged before me on
7/30/12 by

Tadao K. Matsumura

Rishele L. Thompson

Notary Public

(My commission expires: 4/10/15)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012010077
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,MIDDLE,LAST,SUFFIX) Karen Marie MILIUS		2. DATE OF DEATH (Mo/Day/Year) June 21, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number): 2759 Wildhorse Lane		3e. If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1947	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Tadao K MATSUMURA	
9a. STATE OF BIRTH (if not U.S.A. name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER 6031		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Administrator		14b. KIND OF BUSINESS OR INDUSTRY High Technology	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2759 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold William BERGMEIER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Erna Marie STOKEBRAND		18a. INFORMANT- NAME (Type or Print) Tadao K MATSUMURA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2759 Wildhorse Lane Minden, Nevada 89423	
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 Rood 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) MERRITT WALTON DUNLAP 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) June 26, 2012		21c. HOUR OF DEATH 09:02		22b. DATE SIGNED (Mo/Day/Yr)	
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) Merritt Walton Dunlap M.D. 1200 N Mountain St Carson City, NV 89703				23b. LICENSE NUMBER 8077	
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 2012		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) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Thromboembolism/Pulmonary Embolism				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hypercoagulable State				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Breast Cancer				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC, SUICIDE, HOM., UNDET... OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
27c. HOUR OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED			
28a. 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



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BK- 0712
PG- 7394

VRS-Rev-20120523a

441199

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: 06/28/2012

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

Rick Noel
STATE REGISTRAR
SIGNATURE AUTHENTICATED

