

A.P.N.: 1420-33-111-037
File No: Accomodation ()



When Recorded return to, and mail Tax Statements to:
Tadao K. 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. Milius**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Karen M. Milius** named as one of the parties in that certain **Grant, bargain, Sale Deed** dated **11-13-2006** executed by **Mark Geely and Bill Miskovetz, Successor Trustees to Tadao K. Matsumura and Karen M. Milius, Husband and Wife**, as joint tenants, recorded as Document No. **0688574** on **11/14/2006** 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 94, BLOCK C, AS SHOWN ON THE FINAL MAP OF WILDHORSE UNIT NO. 3, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 2, 1990, IN BOOK 790, AT PAGE 26, AS DOCUMENT NO. 229406.

Tadao K. Matsumura 8/2/12
Tadao K. Matsumura Date

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

This instrument was acknowledged before me on 8/2/12 by

Tadao K matsumura
[Signature]

Notary Public
(My commission expires: 4-14-14)



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	
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
9a. STATE OF BIRTH (if not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Tadao K MATSUMURA		8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1947	
13. SOCIAL SECURITY NUMBER 8031		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 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop, Carson City NV 89708	
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. <i>SIGNATURE AUTHENTICATED</i>			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)		22c. HOUR OF DEATH			
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 <i>SIGNATURE AUTHENTICATED</i>		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	
(b) Thromboembolism/Pulmonary Embolism				Interval between onset and death	
(c) Hypercoagulable State				Interval between onset and death	
(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. 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



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BK- 0812
PG- 336

VR8-Rev-20120523a

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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

Rick Noel
SIGNATURE AUTHENTICATED

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

