

DOC # 817070  
01/28/2013 09:44AM Deputy: AR  
OFFICIAL RECORD  
Requested By:  
Fidelity National  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-113 PG-7761 RPTT: 0.00



APN: 1220-01-001-054

WHEN RECORDED MAIL TO and MAIL TAX  
STATEMENT TO:

BIRGIT O. OKAMOTO  
1851 FISH SPRINGS RD.  
GARDNERVILLE, NV 89410

ESCROW NO: 12044073-150-HR

*CTZ NV - 12044073*  
AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

**Birgit O. Okamoto**, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same person named as **Birgit O. Okamoto**, one of the grantees in that certain deed recorded 4/19/2005 as Document No. 0642163 in Book 0405 Page 7514 in the office of the County Recorder of Douglas County, State of Nevada.

See Exhibit A attached hereto and made a part hereof.

That Randolph S. Okamoto was one of the grantees named in said deed and was the identical person named as Randolph Seiji Okamoto, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

*Birgit O. Okamoto*  
\_\_\_\_\_  
Birgit O. Okamoto

On this January 18, 2013  
appeared before me, a Notary Public,  
Birgit O. Okamoto

personally known or proven to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledged that he/she/they executed the instrument for the purposes therein contained.

*Charlene McDonald*  
\_\_\_\_\_  
Notary Public

My commission expires: 11-08-13





**Exhibit A**

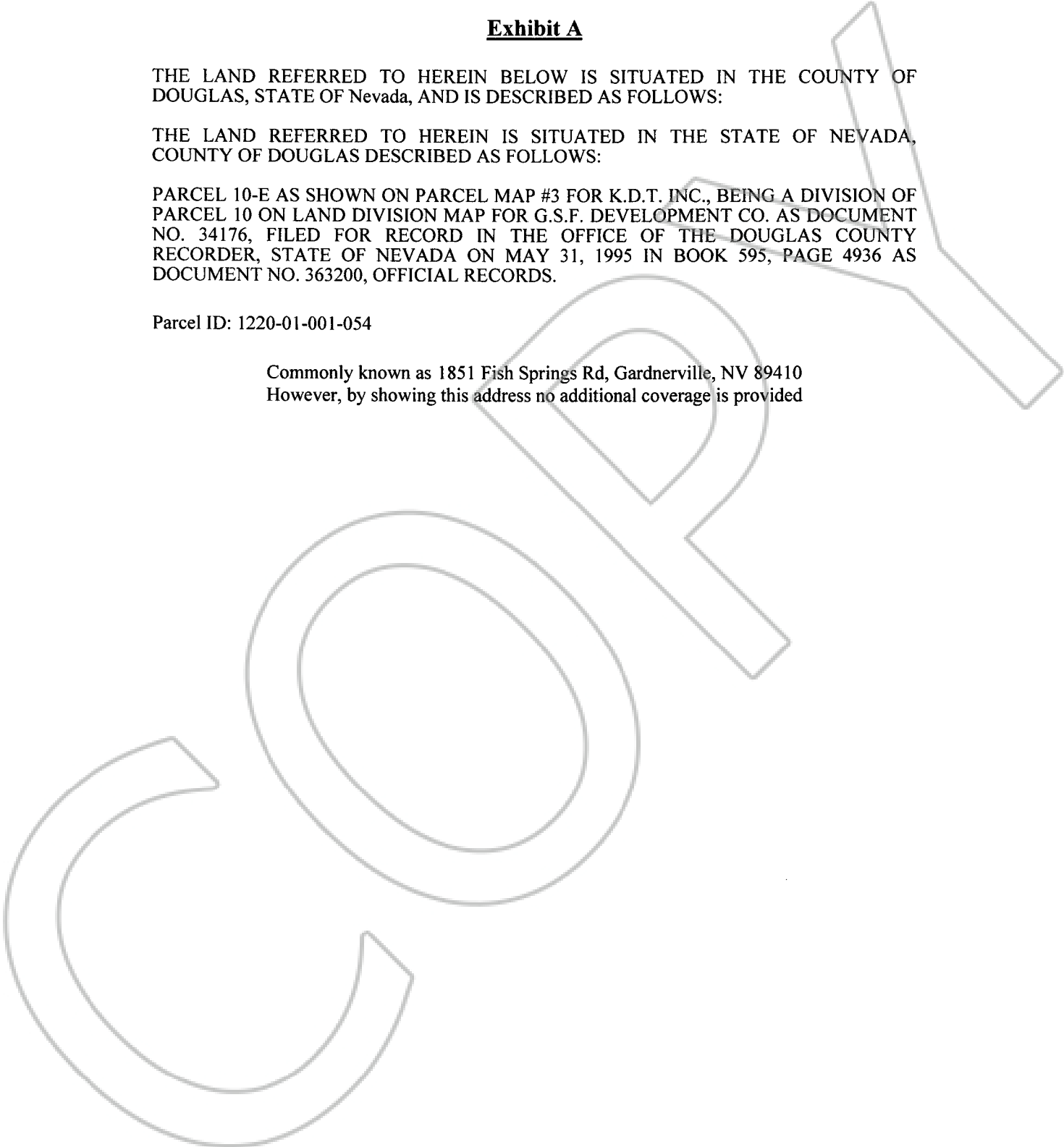
THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF Nevada, AND IS DESCRIBED AS FOLLOWS:

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS DESCRIBED AS FOLLOWS:

PARCEL 10-E AS SHOWN ON PARCEL MAP #3 FOR K.D.T. INC., BEING A DIVISION OF PARCEL 10 ON LAND DIVISION MAP FOR G.S.F. DEVELOPMENT CO. AS DOCUMENT NO. 34176, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA ON MAY 31, 1995 IN BOOK 595, PAGE 4936 AS DOCUMENT NO. 363200, OFFICIAL RECORDS.

Parcel ID: 1220-01-001-054

Commonly known as 1851 Fish Springs Rd, Gardnerville, NV 89410  
However, by showing this address no additional coverage is provided



CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA  
MARTINEZ, CALIFORNIA



BK 113  
PG-7763

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3052010095421

CERTIFICATE OF DEATH

3201007003310

STATE FILE NUMBER: 3052010095421 LOCAL REGISTRATION NUMBER: 3201007003310

1. NAME OF DECEDENT - FIRST (Given): RANDOLPH  
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST):  
2. MIDDLE: SEIJI  
3. LAST (Family): OKAMOTO

4. DATE OF BIRTH: 08/07/1950  
5. AGE Yrs.: 59  
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: CALIFORNIA  
11. EVER IN U.S. ARMED FORCES? YES  NO  LINK   
12. MARITAL STATUS/SRDP (at Time of Death): MARRIED  
7. DATE OF DEATH: 06/23/2010  
8. HOUR (24 Hours): 0845  
FND

13. EDUCATION - Highest Level/Degree (See worksheet on back): PROFESSIONAL  
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? YES  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: ORTHODONTIST  
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): DENTAL  
19. YEARS IN OCCUPATION: 4

20. DECEDENT'S RESIDENCE (Street and number, or location): 1179 CANYON HILLS ROAD  
21. CITY: SAN RAMON  
22. COUNTY/PROVINCE: CONTRA COSTA  
23. ZIP CODE: 94582  
24. YEARS IN COUNTY: 20  
25. STATE/FOREIGN COUNTRY: CALIFORNIA

26. INFORMANT'S NAME, RELATIONSHIP: BIRGIT OKAMOTO, WIFE  
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 1179 CANYON HILLS ROAD, SAN RAMON, CA 94582

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST: BIRGIT  
29. MIDDLE: -  
30. LAST (BIRTH NAME): ODGAARD  
31. NAME OF FATHER/PARENT - FIRST: GEORGE  
32. MIDDLE: -  
33. LAST: OKAMOTO  
34. BIRTH STATE: CA  
35. NAME OF MOTHER/PARENT - FIRST: LILY  
36. MIDDLE: -  
37. LAST (BIRTH NAME): FUJIHARA  
38. BIRTH STATE: CA

39. DISPOSITION DATE: 06/23/2010  
40. PLACE OF FINAL DISPOSITION: RES. OF BIRGIT OKAMOTO  
41. TYPE OF DISPOSITION(S): CR/RES  
42. SIGNATURE OF EMBALMER: NOT EMBALMED  
43. LICENSE NUMBER: -  
44. NAME OF FUNERAL ESTABLISHMENT: GRISSOM'S CREMATION & BURIAL  
45. LICENSE NUMBER: FD1610  
46. SIGNATURE OF LOCAL REGISTRAR: WENDEL BRUNNER, MD  
47. DATE: 06/28/2010

101. PLACE OF DEATH: OWN HOME  
102. IF HOSPITAL, SPECIFY ONE: IF  ER/OP  DOA   
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Nursing Home/LTC  Decedent's Home  Other   
104. COUNTY: CONTRA COSTA  
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 1179 CANYON HILLS ROAD  
106. CITY: SAN RAMON

107. CAUSE OF DEATH: MULTIPLE MYELOMA  
108. TIME INTERVAL BETWEEN ONSET AND DEATH: 5 YRS.  
109. DEATH REPORTED TO CORONER? YES  NO   
110. BIOPSY PERFORMED? YES  NO   
111. AUTOPSY PERFORMED? YES  NO   
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: DIABETES, TYPE II  
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  
Decedent Attended Since: (A) 02/05/2007 (B) Decedent Last Seen Alive: 03/22/2010  
115. SIGNATURE AND TITLE OF CERTIFIER: VIKTOR YEVGENIEVICH NOVIKOV M.D.  
116. LICENSE NUMBER: A88497  
117. DATE: 06/25/2010  
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JULIANA CHI-CHING WONG M.D., 319 DIABLO RD STE 105, DANVILLE, CA 94526

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  
MANNER OF DEATH: Natural  Accident  Homicide  Suicide  Pending Investigation  Could not be determined   
120. INJURED AT WORK? YES  NO  LINK   
121. INJURY DATE:   
122. HOUR (24 Hours):

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:

127. DATE:   
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: WENDEL BRUNNER, MD

STATE REGISTRAR: A B C D E  
FAX AUTH.#: \*00001001532742\*  
CENSUS TRACT:



STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED JUN 30 2010



\*000838429\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner (M) CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

