

Doc Number: **0823616**

05/15/2013 01:13 PM

OFFICIAL RECORDS

Requested By:
1862 LLC

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0513 Pg: 3893



Deputy ar

A portion of Assessor's Parcel #1319-15-000-025

Real Property Transfer Tax ~~2535~~ N/A

Recording Requested by:
1862, LLC
2001 Foothill Road
Genoa, Nevada 89411

After recording, please return to:
1862, LLC
3179 N. Gretna Road
Branson, MO 65616

AFFIDAVIT - DEATH OF JOINT TENANT

Kathryn N. Chan, of legal age, being first duly sworn, deposes and says: That Louise K. Ota, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Louise K. Ota, named as one of the parties in that certain Grant Deed dated April 12th, 2002, executed by

Walley's Partners Limited Partnership, a Nevada limited partnership to Louise K. Ota and Kathryn N. Chan, Trustees of the Sam and Louise Ota Intervivos Trust, dated March 1, 1988, recorded as:

Instrument No. 0540849, on April 29, 2002 in Book 0402, Page 08966, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001 with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: **2 bd** Phase: **2**

Inventory Control No: **17-018-48-01** Alternate Year Time Share: **Annual**

Kathryn N. Chan

ACKNOWLEDGMENT

(STATE OF California)
(COUNTY OF Sacramento)

On this 5th day of March, 2012, before me personally appeared Kathryn N. Chan, to me known to be the person described herein and who executed the foregoing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Sacramento, State of California, the day and year first above written



NOTARY PUBLIC
My Term Expires: December 11, 2012

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

CERTIFICATE OF DEATH

3200941000599

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. LAST (Family)	
LOUISE		KYOKO OTA	
3. AKA, ALSO KNOWN AS - include all AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH <small>month/day</small>		5. AGE Yrs. <small>Months</small>	
07/28/1933		75	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH <small>month/day</small>	
CA		02/14/2009	
8. SOCIAL SECURITY NUMBER		9. SEX	
[REDACTED] 6415		F	
10. EDUCATION - Highest Level (Specify line number on back)		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
BACHELOR		12. MARITAL STATUS (at Date of Death)	
13.1% WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
14. DECEDENT'S RACE - (Up to 2 races may be listed (see worksheet on back))		15. HOURS IN OCCUPATION	
JAPANESE AMERICAN		28	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
REGISTERED NURSE		HOSPITAL	
18. DECEDENT'S RESIDENCE (Street and number or location)			
1705 MILLS AVENUE			
19. CITY		20. STATE/FOREIGN COUNTRY	
BELMONT		CA	
21. INFORMATION'S NAME, RELATIONSHIP		22. INFORMATION'S MAILING ADDRESS (Street and number or post route number, city or town, state ZIP)	
KATHRYN CHAN, DAUGHTER		16 PARK TREE COURT, SACRAMENTO, CA 95822	
23. NAME OF SURVIVING SPOUSE - FIRST		24. MIDDLE	
25. NAME OF FATHER - FIRST		26. MIDDLE	
27. NAME OF MOTHER - FIRST		28. MIDDLE	
29. PLACE OF FINAL DISPOSITION		30. PLACE OF BIRTH	
02/23/2009		ALTA MESA MEMORIAL PARK 695 ARASTRADERO ROAD, PALO ALTO, CA 94306	
31. TYPE OF DISPOSITION		32. SIGNATURE OF BUREAUER	
CRBU		RICHARD RIFFEL	
33. NAME OF FUNERAL ESTABLISHMENT		34. LICENSE NUMBER	
SNEIDER AND SULLIVAN & O'CONNEL		FD230	
35. LICENSE NUMBER		36. SIGNATURE OF LOCAL REGISTRAR	
FD230		SCOTT MORROW, MD	
37. DATE <small>month/day</small>		38. LICENSE NUMBER	
02/20/2009		EMB7560	
39. PLACE OF DEATH		40. IF HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		IP <input type="checkbox"/> ERWP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Street and number or location)	
SAN MATEO		1705 MILLS AVENUE	
106. CITY		107. DEATH REPORTED TO CORoner?	
BELMONT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
108. CAUSE OF DEATH		109. DEATH REPORTED TO CORoner?	
Enter the chain of events - diseases, injuries, or complications - just directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular obstruction without showing the etiology. DO NOT abbreviate.		110. DEATH REPORTED TO CORoner?	
IMMEDIATE CAUSE: PANCREATIC CANCER		111. DEATH REPORTED TO CORoner?	
5 MTHS		09-00437	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list name of operation and date)	
NONE		BIOPSY OBTAINED ON 09/28/2008 OF OMENTAL METASTASES	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Admitted Since: [REDACTED] Last Seen Alive: [REDACTED]		KAREN GISELLE CHEE M.D.	
116. I CERTIFY THAT MY OWNOR DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		117. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE	
MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		KAREN GISELLE CHEE M.D.	
118. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		119. LICENSE NUMBER	
120. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		A81314	
121. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		122. DATE <small>month/day</small>	
123. SIGNATURE OF CORONER / DEPUTY CORONER		02/20/2009	
124. DATE <small>month/day</small>		125. TYPE NAME TITLE OF CORONER / DEPUTY CORONER	
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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

3052009024390
 STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
 NO ERASURES, WHITEOUTS, PHOTOCOPIES,
 OR ALTERATIONS

3200941000599
 LOCAL REGISTRATION NUMBER

1.1

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST LOUISE	1B. MIDDLE KYOKO	1C. LAST OTA
	2. SEX F	3. DATE OF EVENT—MM/DD/YYYY 02/14/2009	4. CITY OF EVENT BELMONT
	5. COUNTY OF EVENT SAN MATEO		6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD KIYOSHI - YANAGIHARA
7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD HARUMI - KWAKAMI			

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
37	KWAKAMI	KAWAKAMI

REASON FOR CORRECTION

7. REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A. SIGNATURE OF FIRST PERSON SYLVIA RIVERA	12B. PRINTED NAME SYLVIA RIVERA	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 977 SOUTH EL CAMINO REAL, SAN MATEO, CA 94402	12E. DATE SIGNED—MM/DD/YYYY 03/31/2009	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A. SIGNATURE OF SECOND PERSON ALVIN DOUGHARTY	13B. PRINTED NAME ALVIN DOUGHARTY	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 977 SOUTH EL CAMINO REAL, SAN MATEO, CA 94402	13E. DATE SIGNED—MM/DD/YYYY 03/31/2009	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 04/01/2009	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS - FORM VS 24a (REV. 1/04)

020101001196596

1.1

2 OF 2

CERTIFIED COPY OF VITAL RECORDS
 COUNTY OF SAN MATEO, STATE OF CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder

* 000469710 *

DATE ISSUED **María L. Domingo** **AUG 06 2009**
 By: _____ Deputy

Warren Slocum
 WARREN SLOCUM
 Assessor-County Clerk-Recorder
 San Mateo County

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

PHNCO (Rev.) 5/05

BK: 0513
 PG: 3895
 5/15/2013

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