

Assessor's Parcel Number: 1319-30-519-000 p/n

Recording Requested By:

✓ Name: Helen Sekikawa

Address: 4729 Crestwood Way

City/State/Zip Sacramento, Ca. 95822

Real Property Transfer Tax:

\$ _____

Doc Number: **0844239**

06/10/2014 04:14 PM

OFFICIAL RECORDS

Requested By:
HELEN Y SEKIKAWA

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0614 Pg: 2018



Deputy: pk

Affidavit of Death of Joint Tenant

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada }

SS

COUNTY OF Douglas }

BEFORE ME, the undersigned Notary Public, personally appeared, _____, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Helen Sekikawa and I reside at 4729 Crestwood Way, Sacramento, Ca. 95822
2. I owned real property as a joint tenant with Teddy T. Sekikawa, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description.

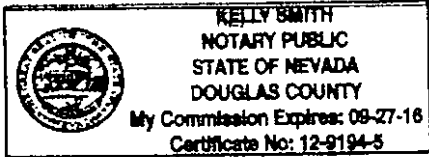
Title deed is recorded in Book 886, Page 2179 in the office of the register of deeds in the county and state aforesaid.

3. Teddy T. Sekikawa, my joint tenant identified above, departed this life on the 20 day of February, 20 14. A copy of the death certificate of Teddy T. Sekikawa is attached.
4. On the date of the death of Teddy T. Sekikawa, the above described real estate was owned by Teddy T. Sekikawa and Helen Sekikawa, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 10th day of June, 20 14.

Helen Sekikawa
Affiant

SWORN TO AND SUBSCRIBED before me this the 10th day of JUNE,
20 14.



[Handwritten Signature]
NOTARY PUBLIC

My Commission Expires: 9/27/16

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EXHIBIT "A"
LEGAL DESCRIPTION

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BK : 0614
PG : 2021
6/10/2014

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 001 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "Summer use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 1, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'86 AUG 20 P1:22

SUZANNE J. [unclear]
RECEIVED
PAID [unclear] DEPT. 17

139416
BOOK 886 PAGE 2180

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052014036935

CERTIFICATE OF DEATH

3201434001765

1. NAME OF DECEDENT - FIRST (Given) TERUO		2. MIDDLE TEDDY		3. LAST (Family) SEKIKAWA	
AKA: ALSO KNOWN AS - Include R.F. AKA (FIRST, MIDDLE, LAST) TEDDY TERUO SEKIKAWA				4. DATE OF BIRTH m/d/yyyy 12/20/1920	5. AGE Yrs 93
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 5804	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. MARITAL STATUS/SPOUSE* (at Time of Death) MARRIED	7. DATE OF DEATH m/d/yyyy 02/20/2014
13. EDUCATION - Highest Level Degree (see worksheet on back) PROFESSIONAL		14/15. YEARS DECEDENT HISPANIC/LATINO/AN/PAN/BI* (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) JAPANESE AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MACHINIST			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) AUTOMOTIVE ENGINE BUILDERS		19. YEARS IN OCCUPATION 45
90. DECEDENT'S RESIDENCE (Street and number, or location) 4729 CRESTWOOD WAY					
21. CITY SACRAMENTO		22. COUNTY/PARISH/DISTRICT SACRAMENTO		23. ZIP CODE 95822	24. YEARS IN COUNTY 93
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or care/mile number, city or town, state and zip) 4729 CRESTWOOD WAY, SACRAMENTO, CA 95822			
28. NAME OF SURVIVING SPOUSE/SPOUSE* - FIRST HELEN		29. MIDDLE YAGI		30. LAST (BIRTH NAME) SEKIKAWA	
31. NAME OF FATHER/PARENT - FIRST GENKICHI		32. MIDDLE SEKIKAWA		33. LAST SEKIKAWA	
34. BIRTH STATE JAPAN		35. NAME OF MOTHER/PARENT - FIRST FUDEYO		36. MIDDLE SAIKI	
37. LAST (BIRTH NAME) SAIKI		38. BIRTH STATE JAPAN		39. BIRTH STATE JAPAN	
38. DISPOSITION DATE m/d/yyyy 02/28/2014		40. PLACE OF FINAL DISPOSITION SACRAMENTO MEMORIAL LAWN 8100 STOCKTON BLVD., SACRAMENTO, CA 95824			
41. TYPE OF DISPOSITION CR/RIS		42. SIGNATURE OF COUNSELLOR NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SACRAMENTO MEMORIAL LAWN		45. LICENSE NUMBER FD974	46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASTRYE, MD		47. DATE m/d/yyyy 02/26/2014
101. PLACE OF DEATH THE MEADOWS AT COUNTRY PLACE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENOC <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10 COUNTRY PLACE		106. CITY SACRAMENTO	
107. CAUSE OF DEATH (Enter the chain of events - symptoms, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) NON-HODGKIN LYMPHOMA		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: Decedent Last Seen Alive: 1A) m/d/yyyy 1B) m/d/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER SHAHZAD A SIDDIQUE M.D.		116. LICENSE NUMBER A105185	117. DATE m/d/yyyy 02/25/2014
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHAHZAD A SIDDIQUE M.D. 3301 C STREET STE 550, SACRAMENTO, CA 95816			
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE m/d/yyyy	
122. HOUR (24 Hour)					
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 m/d/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR					

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 PG: 2022
 6/10/2014

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
 COUNTY OF SACRAMENTO }

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **March 3, 2014**

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



* 001429394 *

Olivia Kastrye MD
 LOCAL REGISTRAR

