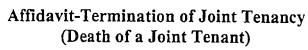
2015-869265

Rec:\$15.00 Total:\$15.00

09/04/2015 03:50 PM

TAHOE VILLAGE CONDOS

Pgs=2



ASSESSOR'S PARCEL NO. (APN#): 1319-30-636-001 PTN

KAREN ELLISON, RECORDER

	!	\ \
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO		\ \
Name: Takoe Village Condos	·	\ \
Address: PO BOX 5397		\ \
City/State/Zip: Stateline, N 89449		
City/State/Zip: 210121114 , 100 87999		
1. Rumiko Hatano , the Aff	fiant, being of legal age, and be	ing first duly sworn,
deposes and says: That Tames Hotano		ent mentioned in the
(Deceased Name as shown on Death Certificate)	, the deced	ent mentioned in the
attached certified copy Certificate of Death, is the same person as	mis Harax	10
	ceased Name as shown on Deed)	. \
named as one of the parties in that certain		•
dated on the 17th day of Tunk	1981 and avec	wedne William & Hil
Thomas & Martha Labaah known as "Grantor(s)" to IF	Tames & Rumiko	uted by William + Hil Hatano Wright
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. day of Juy , 1981, in book County, Nevada, covering the	58027	n the
Douglas County, Nevada, covering the	following described property si	at Records of tuated in the City of
Stateline , County of Dou (Set forth legal description and commonly known street address, if known)	iglas	, State of Nevada.
348 Quaking Aspenhane, State	line, NV 89	449
	\ \ \	•
	\ \	
	\	•
~ \ \		
		,
That value of all real property owned by decedent at date of death, including to not exceed the sum of S	he full value of the property ab	ove described, did
	/	
In witness Whereof, I/We have hereunto set my hand/our hands this	1 down of	20 /
III withess whereof, b we have hereund set my hands diff s	day of frace	20 <u>7 20</u>
(Signature)	<u> </u>	<u> </u>
KIMIKO MATANO		
(Print or type name here) (Print or type name	here)	
STATE OF NEVADA (Orange M)		
Califorma va) COUNTY OF EUREKA		
This instrument was acknowledged before me on (date) $05/30/3$	015	_
By (person(s) appearing before notary public) Rum(kc Hatan	0	
I lundul.		
(Notary Public) My Commission expires: 11/07/2018	01 2-	•
My Commission expires: 11/07/2018	(Notary Stamp)	





COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CA 92701

	3052015024135	CERTIFICATE OF DEATH SAIL OF CAR ON DAY USE BLACK ON COLLY AND FINGUES ON ALTERATIONS USE BLACK ON COLLY AND FINGUES ON ALTERATIONS		3201530	3201530001877	
***	- STATE FILE NUMBERS:	US BLOCK OR ONLY MOTANGES WHITE OF A THANDOS VS. FAGRY TOO. 2 MOOLE 2. CAST Family			/ LOCAL REGISTRATION NUMBER	
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ON.		Was I'm Aw	02/03/1927	87 FUNDER DIE YEAR	Hours Lambias 6 CEX	
8	e, BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECUL		FORCES? 12 MARTIN ENCLOSED	02/02/2015		
Ě	33 EDUCATION - HOMEST LOWHOLD BE 1 4/19 - MAR DECEDENT HESP	ANICALATINOUANSPARASH? (1 pez see motspeet	on back 18 DECEDENT'S PLACE	- Up to 3 maces may be issued (see work) if		
Д ОЕСП	HS GRADUATE YES	TUSE RETIRED: 16 KIND OF BUT	X 10 JAPANESE	ne of ground motors, suits sold and search	The state of the s	
*****	BUSINESS OWNER	FLOWER	GROWING		::::60	
Ž	10460 CRANE CIRCLE					
USU/		2 COURTY/PROVINCE DRANGE		PERSIN COUNTY 25. STATE FORE	GN COUNTRY:	
8 3	76 INFORMANTS NAME, RELATIONS AP.		107	2. CA	en this and the	
2.3	RUMIKO HATANO, WIFE ** NAME OF SUPPLYING SPOUSE SPOPE - JRST	zi:uspous	W. LAY BRITANA	er Thank I The	CA 92/08	
PAND	RUMIKO		FUJINAMI			
ESSRD!	31. NAME OF FATHER/PAPENT-FIRST KATSUEMON	37 MDCLE	" LAST HATANO		JAPAN	
SPOUR	35. NAME OF MOTHERAPAPENT-FIRST	78, MOOLE	37. LAST (SIRTH NAL	46	18. BIRTH STATE	
	39 DISPOSITION DATE: mm/da/gely 40 PLACE OF RINAL D	SOS TON GREEN HILLS ME	SUSUKI EMORIAI PARK		JAPAN ::	
REC TO	02/06/2015 27501 SOUT	H WESTERN AVENUE	RANCHO PALOS VI	ERDES, CA 90275		
FUNERAL DI	BU	NOT EMBA	LMED		AT LICENSE NULL BEST	
	GREEN HILLS MORTUARY & MEI		* ERIC G. HANDLE		02/05/2015	
<u>ن</u> ۾	FOUNTAIN VALLEY REGIONAL H		102, IF HOSPITAL, SPECEY ON	E 103 IF OTHER THAN HOSPITA	L SPECIFY DIME	
DEN'S	104. COUNTY THE PAGE FACILITY ADDRESS	ESS OR LOCATION WHERE'T OUTED SWALL IN		DOA Hospice HomeA	Occedents. Other	
		LID STREET.	The and come DOED Law resident		AIN VALLEY	
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¥.	ocridings, if any	i	V V	YRS	Tres X NO	
OF DEV	ON LINE A ENER OF ATRIAL FIBRILLATION CAUSE (OLIGINA CO.	DN'	w	د، YRS	YES X NO	
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	THAT CHIMPY THUT TO THE BIFST OF MY THION, EXCE DEATH-OCCUPIED	Large Control			YES NO UKK	
CATION S	AT THE HOUR DATE AND PLACE STATED FROM THE OWNERS STATED Ownedors Arteriold Street Decedent Last Seen Afree	PRETER DANGVILME	Y AND THE STREET	100000	UBER 117 DATE mm/dd/ony	
ERTE	01/18/2013 01/29/2015	17742 BEACH BLVD'S	MAUNG ACCITES TO COCK DE	TER DANGVITM DO	vw	
Ť	119 I CERTEY THAT IN MY OFFICIAL DEFAULT OCCUPRED AT THE HOUR OF MANUFACT OF DEATH Natural Accident Homodo	ITF, AND PLACE STATED FTC II THE CAUSE S STATE	1120 LYLLDRED AT V	YORK? YOURY BATE		
35E C)41.Y	123 PUCE OF INJUSTY (e.g., home, construction sie, wooded and		Could not be Screenings YES	w www.		
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<u>ō</u>	126 LOCATION OF YHURY (Street and number or location, and o	ny, and ap)			7 77 77 77 77 77 77 77 77 77 77 77 77 7	
ŀ	120, SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE YEAR	radiocy 128 TYPE NAVIS TITL	E OF CORONER / DEPUTY CORONER	1.17 V433	
STA		E profesiona	**************************************	FAX AUTIE	CENSUS TRACT	
REORS	RAS		*010001002854751*			
	THE TAXABLE TO A STATE OF THE S	*** ** *** * *** *** ***		4444	_	

CERTIFIED COPY OF VITAL RECORDS

*/0 0 3 5 8 2 / рате issued: February 13, 2015

STATE OF CALIFORNIA COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, OBANGE COUNTY HEALTH CARE AGENCY

lu s Harlle A ERIC G. HANDLER, M.D.

ERIC G. HANDLER, M.D.

HEALTH OFFICER
ORANGE: COUNTY, CALIFORNIA

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

