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Natalia K. Vander Laan, Esq.



KAREN ELLISON, RECORDER

**A.P.N.: 1220-12-710-004**

**Recording Requested By:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**When Recorded Mail to:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**Mail Tax Statements to:** )  
Tina M. Teperoff, Trustee )  
1056 Tenabo Ave )  
Gardnerville, Nevada 89410 )

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) : ss  
COUNTY OF Douglas )

I, TINA M. TEPEROFF, of legal age, being first dully sworn, declare under penalty of perjury that:

JUNKO TEPEROFF, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Junko Teperoff named as Trustee in the Declaration of Trust executed on February 21, 2003, by Junko Teperoff as Settlor.

JUNKO TEPEROFF, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Junko Teperoff, named as one of the parties in that certain deed dated February 21, 2003, and executed by Juno Teperoff to Junko Teperoff, Trustee of the Junko Teperoff Trust, dated February 21, 2003, recorded on March 31, 2003, as Document No. 0571777, in Book 0303, Page 14758, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 3 in Block A as set forth on the Plat of Pinenut Manor No. 1 and 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 16, 1980 as Document No. 45348.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainders, rents, issues and profits thereof.

Junko Teperoff, the deceased Trustee, died on August 18, 2018, as shown in the attached certified copy of Certificate of Death.

The Affiant is the daughter of the deceased Trustee and the sole Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

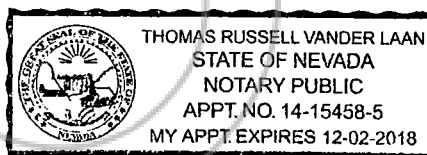
Executed on this 17<sup>th</sup> day of September, 2018, in Douglas County, State of Nevada.

*Tina M. Teperoff*  
TINA M. TEPEROFF

Subscribed and sworn to before me this 17<sup>th</sup> day of September, 2018, by Tina M. Teperoff.

My commission expires: 12/2/18.

*TR*  
NOTARY PUBLIC



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4036324

### CERTIFICATE OF DEATH

2018016260  
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) <b>Junko TEPEROFF</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 18, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient(Specify) <b>1056 Tenabo Lane Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>Japanese</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>87</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 02, 1931</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Japan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER <b>-3425</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Accountant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1056 Tenabo Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>UMEYAMA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT - NAME (Type or Print) <b>Tina TEPEROFF</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>1056 Tenabo Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>		
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) <b>EVAN W EASLEY MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>August 23, 2018</b>		21c. HOUR OF DEATH <b>06:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>					23b. LICENSE NUMBER <b>7446</b>
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 24, 2018</b>		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				Interval between onset and death	
(a) <b>Dementia</b> DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Alzheimers Disease</b> DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF.				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) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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



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: **8/30/2018**

*Julie Katchear*  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

