

APN 1420-28-311-055



KAREN ELLISON, RECORDER

When Recorded Mail To:  
Smith and Harmer, Ltd.  
502 North Division Street  
Carson City, Nevada 89703

Grantee's Address:  
2839 La Cresta Circle  
Minden, Nevada 89423

The undersigned affirms this document  
contains a social security number  
pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA            )  
                                      : ss.  
CARSON CITY                 )

I, YOSHIYE J. TANAKA, being first duly sworn, depose and say:

1. That I am the surviving spouse of PAUL M. TANAKA and am fully informed as to the real property held by him at his death.

2. PAUL M. TANAKA, a Trustee of the Paul M. and Yoshiye Jane Tanaka Revocable Family Trust, died on May 12, 2020, and I am the Successor Trustee

3. Title to the referenced property was created by that certain Quitclaim Deed dated February 19, 2005, and recorded April 5, 2005, as Doc. No. 0640938, in the Official Records of Douglas County, Nevada; and the real property the subject of said Trust is more particularly described as follows:

Lot 123, Block G, as shown in the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, A PLANNED DEVELOPMENT, recorded in the Office of the County Recorder of Douglas County, Nevada, on May 4, 2001, in Book 0501, at Page 1402, as recorded July 17, 2001 as Document No. 518483.

4. A certified copy of the Certificate of Death of PAUL M. TANAKA showing his date of death as May 12, 2020, is attached hereto.

*Yoshiye J. Tanaka*  
YOSHIYE J. TANAKA

SUBSCRIBED and SWORN to before me  
this 22 day of October, 2020, by  
YOSHIYE J. TANAKA.

*Sandra J. Mendez*  
Notary Public

(Seal)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4144818

**CERTIFICATE OF DEATH**

**2020009812**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Paul Masayuki TANAKA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 12, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>2839 La Cresta Circle</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4 SEX <b>Male</b>		5. RACE (Specify) <b>Asian</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 16, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jane KISHIDA</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>0852</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Programmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Computers</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2839 La Cresta Circle</b>		15e. INSIDE CITY (Y/N) (or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Masaichi TANAKA</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Miyo HATANAKA</b>		18a. INFORMANT- NAME (Type or Print) <b>Yoshiye Jane TANAKA</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>2839 La Cresta Circle Minden, Nevada 89423</b>	
TRADE CALL	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> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
CERTIFIER	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>REED DOFP MD</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>May 13, 2020</b>		21c. HOUR OF DEATH <b>10:15</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 14, 2020</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		(a) <b>Respiratory Arrest</b>		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	(b) <b>Acute Respiratory Failure</b>		Interval between onset and death		Interval between onset and death	
	(c) <b>Chronic Kidney Disease Stage V, Withdrawl From Dialysis</b>		Interval between onset and death		Interval between onset and death	
CAUSE OF DEATH	(d) <b>Diabetes</b>		Interval between onset and death		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Peripheral Arterial Disease, Coronary Heart Disease, Obstructive Lung Disease</b>	
	25a. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CAUSE OF DEATH	25d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

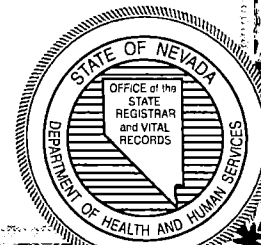
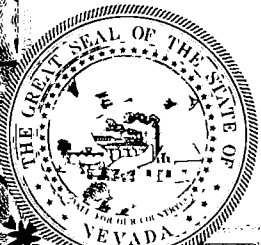
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/20/2020

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE