

### Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 40-370-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: Linda Takemori  
Address: 1446 W Renwick Rd  
City/State/Zip: San Dimas, Ca. 91773

I, Linda Reiko Takemori (AKA Linda Reiko Kitaguchi), the Affiant, being of legal age, and being first duly sworn,  
deposes and says:  
That Terry Kanari Takemori, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Terry Kanari Takemori  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed

(Type of Document)  
dated on the 2 day of July, 1989 and executed by

Jack K Sievers, known as "Grantor(s)" to Terry Kanari Takemori and Linda Reiko Kitaguchi  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 206781, on the

18 day of July, 1989, in book 789 pg 1643 of Official Records of  
Douglas County, Nevada, covering the following described property situated in the City of  
Lake Tahoe, County of Douglas, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

see legal attached

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 10.00

In witness Whereof, I/We have hereunto set my hand/our hands this 18 day of June, 2021

Linda Reiko Takemori  
(Signature)  
Linda Reiko Takemori  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF EUREKA )  
This instrument was acknowledged before me on (date) \_\_\_\_\_

By (person(s) appearing before notary public) \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)  
My Commission expires: \_\_\_\_\_

See Attached  
(Notary Stamp)



# Jurat Certificate California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this

18th

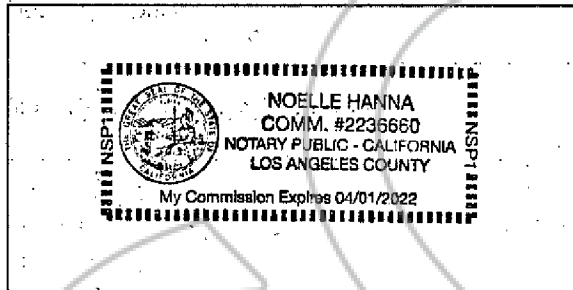
day of June, 2021, by Linda Reiko Takemori

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature

*Noelle Hanna*



## Description of Attached Document

Type or Title of Document

Affidavit - Termination of Joint Tenancy Parcel No 40-370-02

Document Date

06/18/2021

Number of Pages

1

Signer(s) Other Than Named Above

\_\_\_\_\_

Exhibit "A"  
Ridge Crest Legal

Share estate comprised of:

1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in book 888 of Official Records at page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 102 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

1. A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.
2. An exclusive right to the use of a condominium 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Record, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth to the CC&R's.

A portion of APN:

~~40-370-02~~

40-370-02

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3052019068358

CERTIFICATE OF DEATH

3201930005537

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
TERRY		TAKEMORI	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
12/06/1963		55	
6. SEX		7. DATE OF DEATH mm/dd/yyyy	
M		03/31/2019	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		1288	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level (Degree or equivalent or GED)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		JAPANESE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
PROGRAMMER		AEROSPACE	
17. YEARS IN OCCUPATION		18. YEARS IN INDUSTRY	
35		35	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
1446 W. RENWICK ROAD			
21. CITY			
SAN DIMAS			
22. COUNTY/PROVINCE			
LOS ANGELES			
23. ZIP CODE			
91773			
24. YEARS IN COUNTY			
42			
25. STATE/FOREIGN COUNTRY			
CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			
LINDA TAKEMORI, SPOUSE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or care of, route number, city, or town, state and zip)			
1446 W. RENWICK ROAD, SAN DIMAS, CA 91773			
28. NAME OF SURVIVOR SPOUSE/SPOUSE-FIRST			
LINDA			
29. MIDDLE			
REIKO			
30. LAST (BIRTH NAME)			
KITAGUCHI			
31. NAME OF FATHER/PARENT-FIRST			
EDWARD			
32. MIDDLE			
MASAO			
33. LAST (BIRTH NAME)			
TAKEMORI			
34. BIRTH STATE			
CA			
35. NAME OF MOTHER/PARENT-FIRST			
IRENE			
36. MIDDLE			
TANAKA			
37. LAST (BIRTH NAME)			
TANAKA			
38. BIRTH STATE			
CA			
39. DISPOSITION DATE mm/dd/yyyy			
04/03/2019			
40. PLACE OF FINAL DISPOSITION RESIDENCE OF LINDA TAKEMORI			
1446 W. RENWICK ROAD, SAN DIMAS, CA 91773			
41. TYPE OF DISPOSITION(S)			
CR/RES			
42. SIGNATURE OF EXAMINER			
NOT EMBALMED			
43. LICENSE NUMBER			
FD929			
44. NAME OF FUNERAL ESTABLISHMENT			
KUBOTA NIKKEI MORTUARY			
45. SIGNATURE OF LOCAL REGISTRAR			
NICHOLE QUICK, MD			
46. DATE mm/dd/yyyy			
04/03/2019			
101. PLACE OF DEATH			
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY			
ORANGE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
101 THE CITY DRIVE SOUTH			
106. CITY			
ORANGE			
107. CAUSE OF DEATH			
Enter the chain of events -- disease, injury, or complication -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.			
IMMEDIATE CAUSE (final disease or condition resulting in death)			
W CARDIAC ARREST			
108. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
109. BIRTH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. BIRTH REPORTED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
DIABETES MELLITUS II			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date(s)			
NO			
114. 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			
DAVID W DINWIDDIE M.D.			
116. LICENSE NUMBER			
G74985			
117. DATE mm/dd/yyyy			
04/03/2019			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
DAVID W DINWIDDIE M.D.			
1011 BALDWIN PARK BLVD, BALDWIN PARK, CA 91706			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/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 mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
FAX AUTH.#			
CENSUS TRACT			

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*James Greene*  
JAMES GREENE MD MS  
STATE REGISTRAR OF VITAL RECORDS

APR 23 2019

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

CACDPH--01



004766133

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE