

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

ASSESSOR'S PARCEL NO. (APN#): 42--261-32

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

I, Linda Reiko Takemori, 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 12th day of June, 1992, and executed by
Harich Tahoe Developement, known as "Grantor(s)" to Terry Kanari Takemori and Linda Reiko Takemori
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 281523, on the
22nd day of June, 1992 in book 692 Pg 3806, 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

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

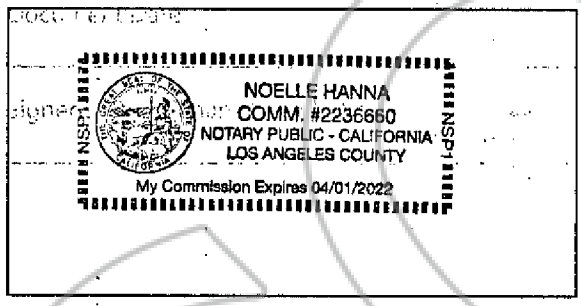
Subscribed and sworn to (or affirmed) before me on this 18th

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.
Type or Title of Document

Place Seal Here

Signature Noelle Hanna



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DSG3018CA (Rev 02-04/21)

Description of Attached Document

Type or Title of Document
Affidavit - Termination of joint tenancy, Parcel NO 42-261-32

Document Date 06/18/2021 Number of Pages 1

Signer(s) Other Than Named Above

Exhibit "A" (34)
Ridge Crest Legal

An undivided 1/51st interest as tenants in common in and to that certain real property and incorporates the following: (A) as undivided 1/38th interest in and to Lot 34 as shown as Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 to 038 as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 032 as shown and defined on said Condominium Plan; together with those easement appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, February 21, 1984 as Document No. 097150 and as amended by documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting The Ridge Tahoe recording February 24, 1992, as Document No. 271619, and subject to said Declaration; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the Ptime"Season" as defined in and in accordance with said Declarations.

A portion of APN: 42-261-32

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

3052019068358

CERTIFICATE OF DEATH

3201930005537

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES / WHITEOUTS OR ALTERATIONS VS 1 (REV 3/05)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
TERRY		KANARI		TAKEMORI			
4A. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE Yrs		6. UNDER ONE YEAR	
		12/06/1963		55		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
CA		-1288		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level Degree (omit non-degree on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if not, see instruction on back)		15. DECEDENT'S RACE - Use 1, 2, 3 (as may be listed (see worksheet on back))		7. DATE OF DEATH (mm/dd/yyyy)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		JAPANESE		03/31/2019	
17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION		8. HOUR (24 hours)	
PROGRAMMER		AEROSPACE		35		1217	
20. DECEDENT'S RESIDENCE (Street and number, or location)							
1446 W. RENWICK ROAD							
91. CITY		92. COUNTY/PROVINCE		93. ZIP CODE		94. YEARS IN COUNTRY	
SAN DIMAS		LOS ANGELES		91773		42	
95. STATE/FOREIGN COUNTRY		96. YEARS IN COUNTRY					
CALIFORNIA		42					
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, etc., or P.O. box and zip)					
LINDA TAKEMORI, SPOUSE		1446 W. RENWICK ROAD, SAN DIMAS, CA 91773					
29. NAME OF SURVIVING SPOUSE/SPOE - FIRST		30. MIDDLE		31. LAST (BIRTH NAME)		32. BIRTH STATE	
LINDA		REIKO		KITAGUCHI		CA	
33. NAME OF FATHER/PARENT - FIRST		34. MIDDLE		35. LAST (BIRTH NAME)		36. BIRTH STATE	
EDWARD		MASAO		TAKEMORI		CA	
37. NAME OF MOTHER/PARENT - FIRST		38. MIDDLE		39. LAST (BIRTH NAME)		40. BIRTH STATE	
IRENE				TANAKA		CA	
41. DISPOSITION DATE (mm/dd/yyyy)		40. PLACE OF FINAL DISPOSITION (Residence of Linda Takemori)					
04/03/2019		1446 W. RENWICK ROAD, SAN DIMAS, CA 91773					
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER		45. DATE (mm/dd/yyyy)	
CR/RES		NOT EMBALMED		FD929		04/03/2019	
46. NAME OF FUNERAL ESTABLISHMENT		47. SIGNATURE OF LOCAL REGISTRAR		48. LICENSE NUMBER		49. DATE (mm/dd/yyyy)	
KUBOTA NIKKEI MORTUARY		NICHOLE QUICK, MD		G74985		04/03/2019	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER		<input type="checkbox"/> IP <input checked="" type="checkbox"/> IGH <input type="checkbox"/> ICH		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		ORANGE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
101 THE CITY DRIVE SOUTH		ORANGE		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT use arrival events such as cardiac arrest, respiratory arrest, or stroke (do not use without showing the etiology). DO NOT abbreviate.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death)		110. MINS		111. HOURS		112. YEARS	
A CARDIAC ARREST		19-01604KU		MOS		YEARS	
B OBSTRUCTIVE SLEEP APNEA		113. BOPSY PERFORMED?		114. AUTOPSY PERFORMED?		115. USED IN DETERMINING CAUSE?	
C HYPERTENSION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		117. MALE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		118. IF FEMALE, PRECINCT IN LAST YEAR?		119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED	
DIABETES MELLITUS II		NO		NO		Decedent Attended & Seen Alive	
120. SIGNATURE AND TITLE OF CERTIFIER		121. LICENSE NUMBER		122. DATE (mm/dd/yyyy)		123. SIGNATURE OF CORONER / DEPUTY CORONER	
DAVID W DINWIDDIE M.D.		G74985		04/03/2019		124. DATE (mm/dd/yyyy)	
125. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		126. FULLIFIED AT WORK?		127. INJURY DATE (mm/dd/yyyy)		128. HOUR (24 hours)	
DAVID W DINWIDDIE M.D. 1011 BALDWIN PARK BLVD, BALDWIN PARK, CA 91706		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
129. MANNER OF DEATH (MVA, Accident, Homicide, Suicide, Investigation, Could not be determined)		130. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		131. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		132. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
133. SIGNATURE OF CORONER / DEPUTY CORONER		134. DATE (mm/dd/yyyy)		135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		136. STATE REGISTRAR	
						A B C D E	
FAX AUTH.#		CENSUS TRACT		137. STATE REGISTRAR		138. FAX AUTH.#	
				139. CENSUS TRACT		140. FAX AUTH.#	

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--03



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE