

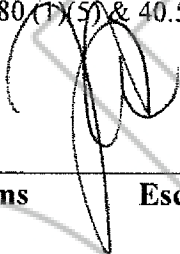
APN# : 1320-35-002-018

DOUGLAS COUNTY, NV **2019-938515**
Rec:\$35.00
\$35.00 Pgs=3 11/20/2019 11:28 AM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Barbara Sandberg
Paul Sandberg
P.O. Box 18827
South Lake Tahoe, CA 96151

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))



Signature _____
Traci Adams Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Barbara M. Sandberg and Paul Sandberg, of legal age, being first duly sworn, deposes and says:

1. Reginald E. Sandberg, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Reginald E. Sandberg named as Trustee in the Declaration of Trust dated 9/22/1988 and executed by Reginald E. Sandberg and Barbara M. Sandberg as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1421 Willow Creek Ln. Gardnerville, NV 89410, which property is described in a Deed which was executed by Reginald Sandberg and Barbara Sandberg, husband and wife as Grantor(s) on April 22, 2003 and recorded as Instrument No. 0578430, in Book 0503, Page 15793, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 2 in Block A of WILLOW CREEK, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1992, in Book 692, Page 5954, as Document No. 282394.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated November 6, 2019

Barbara M. Sandberg
Barbara M. Sandberg

Paul Sandberg
Paul Sandberg

STATE OF NEVADA

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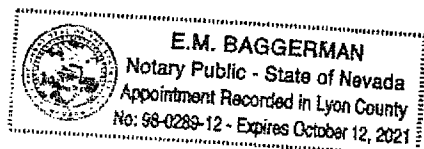
COUNTY OF Lyon

This instrument was acknowledged before me on

Nov. 6, 2019

By Barbara M. Sandberg and Paul Sandberg.

E.M. Baggerman
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4086404

CERTIFICATE OF DEATH

2019011458
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

1a. DECEASED-NAME (FIRST,MIDDLE LAST,SUFFIX) Reginald Elmer SANDBERG		2. DATE OF DEATH (Mo/Day/Year) June 06, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1421 Willow Creek Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1929		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara LAMBERT	
13. SOCIAL SECURITY NUMBER [REDACTED]-1498		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BUSINESS OWNER		14b. KIND OF BUSINESS OR INDUSTRY LUMBER STORE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1421 Willow Creek Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin SANDBERG	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida Marie SARLINE		18a. INFORMANT - NAME (Type or Print) Paul SANDBERG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2837 Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden, NV 89423	
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) DOUGLAS VACEK DO			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) June 11, 2019		21c. HOUR OF DEATH 08:55		22b. DATE SIGNED (Mo/Day/Yr)	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419			
23b. LICENSE NUMBER 1125		24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2019		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) Cardiac Arrest				Interval between onset and death	
(b) Electrolyte Imbalance				Interval between onset and death	
(c) Metastatic Prostate Carcinoma				Interval between onset and death	
(d)				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. Advanced Age				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HGM., 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	

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST

000773887



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.

Janey Stogdill
Interim Administrator

DATE ISSUED: **6/14/2019**

STATE REGISTRAR

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

