

APN# 1418-03-401-003

Recording Requested by/Mail to:
Name: ROBERT M. FANUCCI
Address: 1030 Main Street, Suite 212
City/State/Zip: St. Helena, CA 94574

Mail Tax Statements to:
Name: Kozo Sato
Address: 548 Belle Avenue
City/State/Zip: San Rafael, CA 94901



KAREN ELLISON, RECORDER

Death of Trustee-Affidavit

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
 Judgment – NRS 17.150(4)
 Military Discharge – NRS 419.020(2)

Signature

Robert M. Fanucci

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1418-03-401-003

Return Document to:
Robert M. Fanucci, CSB#104408
Gagen McCoy
1030 Main Street, Suite 212
St. Helena, CA 94574

Mail Tax Statements to:
Kozo Sato
548 Belle Avenue
San Rafael, CA 94901

STATE OF CALIFORNIA)
County of Napa)

**DEATH OF TRUSTEE AFFIDAVIT
UNDER NRS 111.699**

The AFFIANT, KOZO SATO, being duly sworn, deposes and says:

1. That NIEVES SATO, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NIEVES SATO, named as the grantor or as one of the grantors in the deed up on death recorded on June 19, 2014, as document file number 844717, records of Douglas County, Nevada, covering the real property commonly known as the Tahoe lot, City of Glenbrook, County of Douglas, State of Nevada, and more particularly described as follows:

FOR LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF.

2. That the Affiant, KOZO SATO, is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed up on the death of the grantor, NIEVES SATO, or is the authorized representative of the beneficiary or at least one of the beneficiaries.
3. That the beneficiary or beneficiaries listed in the deed upon death are:

KOZO SATO

EXHIBIT "A"
LEGAL DESCRIPTION

Parcel No. 1:

A portion of the Southwest one-quarter of Section 3, Township 14 North, Range 18 East, MDM, and being more particularly described as follows:

Commencing at the West one-quarter corner of said Section, marked on the ground by a 2-inch pipe in a mound of stone; thence S. 89°21'E. along the east-west centerline of said Section 3, a distance of 1312.03 feet to the northeast corner of the parcel of land described in the deed to W.J. Harris, recorded in Book U, Page 89 of the Douglas County Recorder's Office; thence S. 00°39' E. along the easterly line of said Harris parcel 1109.03 feet; thence S. 75°08'50" W., 132.98 feet to the True Point of Beginning; thence S. 00°00'00" E., 329.98 feet to a point on the northerly line of Land's End Road being the exception for road easement purposes as described in Document No. 823274; thence S. 73°07'00" W., along said Northerly line, 43.21 feet; thence S. 79°10'30" W., continuing along said northerly line, 95.68 feet; thence N. 00°00'00" E., leaving said northerly line, 324.61 feet; thence N. 75°08'50" E., 140.01 feet to the Point of Beginning.

Reference is hereby made to that Record of Survey Map, recorded on October 11, 2013, in Book 1013, at Page 2749, as Document. 832014, Official Records of Douglas County, Nevada.

Parcel No. 2:

Together with a non-exclusive easement and right of way, 50 feet wide, for roadway described as follows:

Commencing at the West quarter corner of Section 3, Township 14 North, Range 18 East, M.D.B. & M., marked on the ground by a 2 inch pipe in a mound of stone; thence South 89°21' East along the East-West center line of said Section 3 a distance of 1312.03 feet to a 2 inch pipe at the Northeast corner of the parcel of land described in the deed to W.J. Harris, recorded in Book U, Page 89 Deed Records' thence South 0°39' East along the Eastern line of Harris Parcel 1432.99 feet to the true point of beginning; thence South 73°07' West 180.03 feet; thence South 73°07' West 180.83 feet; thence South 79°10'30" West 298.21 feet; thence South 71°47'50" West 74.30 feet; thence South 65°54'03" East 70.68 feet; thence North 79°10'30" East 316.59 feet; thence North 73°07" East 168.91 feet to the Easterly line of said Harris parcel; thence North 0°39' West along the last mentioned line.52.08 feet to the true point of beginning.

Further together with the non-exclusive right to use the easements and rights of way for roadway purposes conveyed to W.J. Harris, in deed recorded in Book U, at Page 67, as Document 2499, of Deed Records, Douglas County, Nevada.

Note: The above metes and bounds description for Parcel No. 1 was prepared by Resource Concepts Inc., by Darryl M. Harris, PLS 6497, on January 9, 2014, the metes and bounds description for Parcel No. 2, previously appeared in Document recorded on June 29, 1987, in Book 687, Page 3669, as Document 157352, Official Records of Douglas County, Nevada.

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3201921000672

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) NIEVES		2 MIDDLE -	
3 LAST (Family) RUIZ-SATO		4 DATE OF BIRTH mm/dd/yyyy 12/28/1944	
5 AGE Yrs 74		6 SEX F	
7 DATE OF DEATH mm/dd/yyyy 04/27/2019		8 HOUR (24 Hours) 0524	
9 BIRTH STATE/FOREIGN COUNTRY SPAIN		10 SOCIAL SECURITY NUMBER -1995	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/GROUP at Time of Death MARRIED	
13 EDUCATION - Highest Level/Degree (See instructions on back) HS GRADUATE		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19 YEARS IN OCCUPATION 50	
20 DECEDENT'S RESIDENCE (Street and number, or location) 548 BELLE AVENUE			
21 CITY SAN RAFAEL		22 COUNTY/PROVINCE MARIN	
23 ZIP CODE 94901		24 YEARS IN COUNTY 5	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP KOZO SATO, SPOUSE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 548 BELLE AVENUE, SAN RAFAEL, CA 94901		28 NAME OF SURVIVING SPOUSE/SRDP - FIRST KOZO	
29 MIDDLE -		30 LAST (BIRTH NAME) SATO	
31 NAME OF FATHER/PARENT - FIRST ADALBERTO		32 MIDDLE -	
33 LAST RUIZ		34 BIRTH STATE SPAIN	
35 NAME OF MOTHER/PARENT - FIRST ENCARNACION		36 MIDDLE -	
37 LAST (BIRTH NAME) ALVAREZ		38 BIRTH STATE SPAIN	
39 DISPOSITION DATE mm/dd/yyyy 05/03/2019		40 PLACE OF FINAL DISPOSITION RESIDENCE OF KOZO SATO 358 BELLE AVENUE, SAN RAFAEL, CA 94901	
41 TYPE OF DISPOSITION (2) CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT KEATON'S MORTUARY	
45 LICENSE NUMBER FD6		46 SIGNATURE OF LOCAL REGISTRAR MATTHEW WILLIS, MD MPH	
47 DATE mm/dd/yyyy 05/01/2019		48	
101 PLACE OF DEATH RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY MARIN		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 548 BELLE AVENUE	
106 CITY SAN RAFAEL		107 CAUSE OF DEATH Enter the chain of events - - diseases, injuries, or complications - - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator dislodgement without showing the etiology. DO NOT ABBREVIATE. (A) LEWY BODY DEMENTIA	
108 DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 TIME INTERVAL BETWEEN ONSET AND DEATH (AT) YRS L19-073375	
110 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/> 09/11/2017 03/26/2019			
115 SIGNATURE AND TITLE OF CERTIFIER ANTHONY EDWARD ALLEN M.D.		116 LICENSE NUMBER A73148	
117 DATE mm/dd/yyyy 05/01/2019		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANTHONY EDWARD ALLEN M.D. 2512 TELEGRAPH AVE SUITE 350, BERKELEY, CA 94704	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE mm/dd/yyyy			
122 HOUR (24 Hours)			
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		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF MARIN

This is a true and exact reproduction of the document officially registered and placed on file in the vital record section, Marin County Public Health Department.

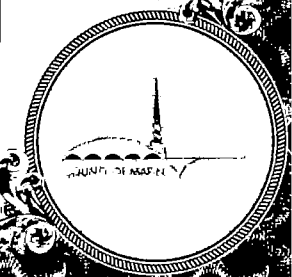
DATE ISSUED 05/11/2019

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



MATTHEW WILLIS, MD, MPH
COUNTY HEALTH OFFICER



CAMARIN-01