

APN# 1418-03-401-002

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: 1418-03-401-002

Return Document to:
Robert M. Fanucci, CSB#104408
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, SONIA 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, Trustee of the NIEVES SATO 2009 TEN-YEAR QUALIFIED PERSONAL RESIDENCE TRUST, and Nieves Sato, as Trustee of the NIEVES SATO 2009 FIFTEEN-YEAR QUALIFIED PERSONAL RESIDENCE TRUST and named as the grantor in the Grant, Bargain Sale Deed, as Document No.0747886 on July 28, 2009, of the Official Records of Douglas County, State of Nevada, covering the real property commonly known as 2228 Lands End Drive, Glenbrook, County of Douglas, State of Nevada, and more particularly described as follows:

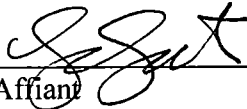
FOR LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF.

2. That the Affiant, SONIA 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 up on death are:

The Kozo Sato Survivor's Trust u/t/d April 20, 1992

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS. 440.380(1)(a).

Dated this 22nd day of June, 2020.



Affiant

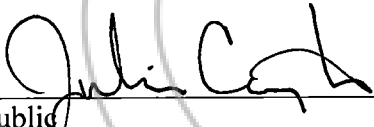
Sonia Sato, as Successor Trustee of the 2009 Ten-Year Qualified Personal Residence Trust and 2009 Fifteen-Year Qualified Personal Residence Trust.

Construe all terms with the appropriate gender and quantity required by the sense of this instrument.

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)
) ss.
County of Napa)

Subscribed and sworn to (or affirmed) before me on this 22nd day of June, 2020, by SONIA SATO, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public

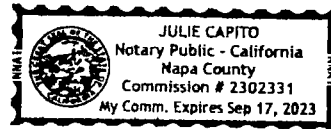


EXHIBIT "A"
LEGAL DESCRIPTION

PARCEL 1

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 TWO INCH PIPE IN A MOUND OF STONE; THENCE SOUTH 89° 21' EAST ALONG THE EAST-WEST CENTERLINE OF SAID SECTION 3, A DISTANCE OF 1,312.03 FEET TO A TWO 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 OF RECORDS; THENCE SOUTH 0° 39' EAST ALONG THE EASTERN LINE OF HARRIS PARCEL 1109.03 FEET; THENCE SOUTH 75° 08' 50" WEST, 273.07 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 36° 16' 40" WEST, 211.95 FEET; THENCE SOUTH 20° 49' 40" WEST, 28.11 FEET; THENCE SOUTH 503.72 FEET TO A MEANDER LINE OF LAKE TAHOE; THENCE NORTH 67° 50' EAST ALONG SAID MEANDER LINE OF LAKE TAHOE 146.22 FEET TO LINE DRAWN SOUTH FROM THE TRUE POINT OF BEGINNING; THENCE NORTH 645.70 FEET TO THE TRUE POINT OF BEGINNING SITUATE IN LOT 3 OF SAID SECTION.

EXCEPTING THEREFROM ALL THAT PORTION OF THE ABOVE DESCRIBED PARCEL LYING SOUTHERLY OF THE NORTH RIGHT OF WAY LINE FOR LANDS END DRIVE IS DESCRIBED IN THE FINDING OF FACT, CONCLUSION OF LAW, AND JUDGMENT QUIETING TITLE TO RIGHT OF WAY RECORDED DECEMBER 22, 1993 IN BOOK 1293 PAGE 5041 AS DOCUMENT NO. 325772.

PARCEL 2

A NON-EXCLUSIVE EASEMENT AND RIGHT OF WAY 50 FEET WIDE, FOR ROADWAY PURPOSE, APPURTENANT TO PARCEL 1 HEREIN ABOVE DESCRIBED, SAID EASEMENT AND RIGHT OF WAY DESCRIBED, SAID EASEMENT AND RIGHT OF WAY DESCRIBED AS FOLLOWS:

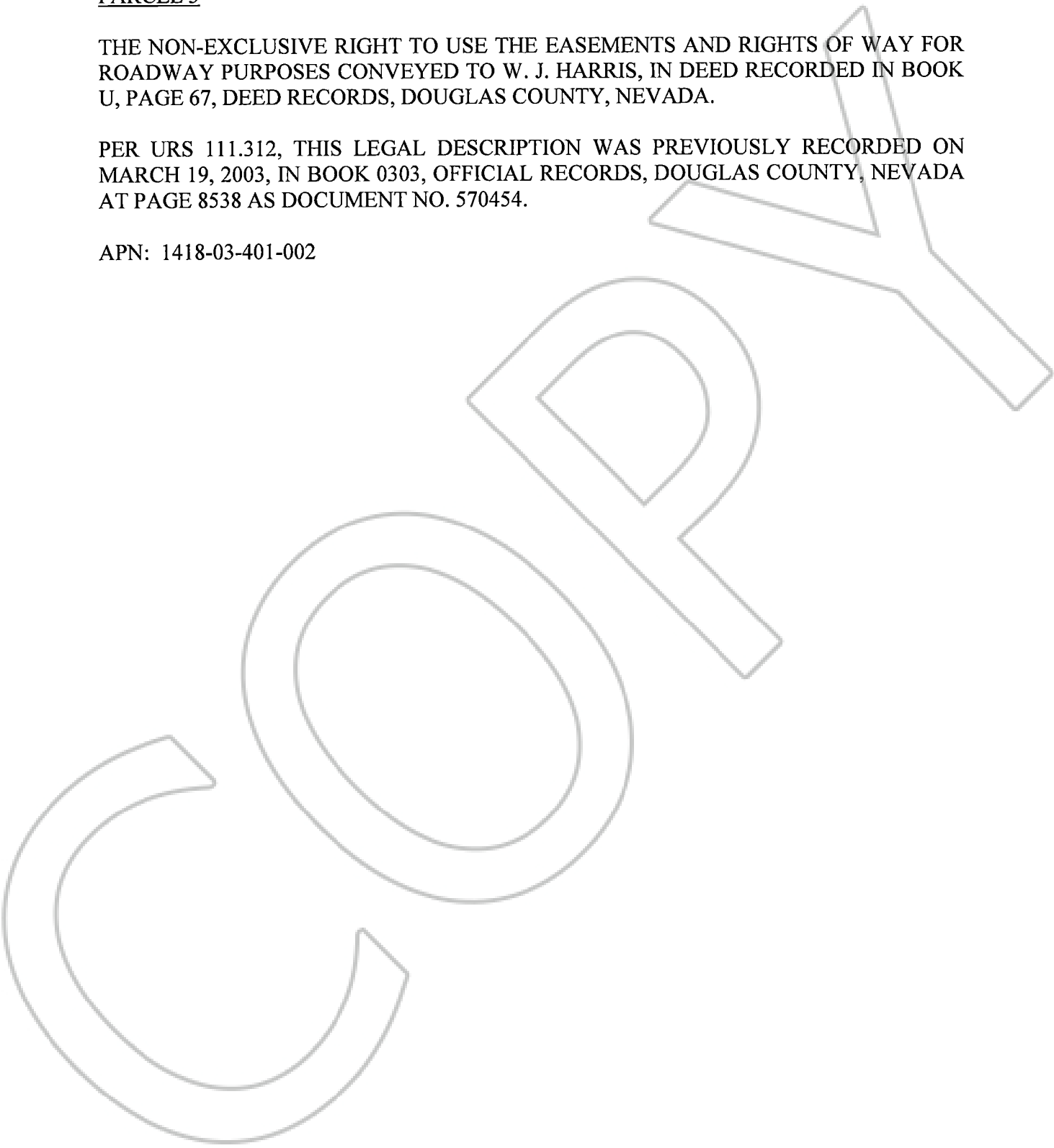
COMMENCING AT THE WEST QUARTER CORNER OF SECTION 3, TOWNSHIP 14 NORTH, RANGE 18 EAST M. D. B. & M., MARKED ON THE GROUND BY A TWO INCH PIPE IN A MOUND OF STONE; THENCE SOUTH 89° 21' EAST ALONG THE EAST-WEST CENTER LINE OF SAID SECTION A DISTANCE OF 1312.03 FEET TO A TWO INCH PIPE AT THE NORTHEAST CORNER OF PARCEL OF LAND DESCRIBED IN 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, 180.83 FEET; THENCE SOUTH 79° 10' 30" WEST, 298.21 FEET; THENCE SOUTH 71° 47' 50" WEST 74.30 FEET; THENCE SOUTH 65° 54' 30" EAST, 70.68 FEET; THENCE NORTH 79° 10' 30" EAST 316.59 FEET; THENCE NORTH 73° 07' EAST 168.91 FEET TO THE EASTERN LINE OF SAID HARRIS PARCEL; THENCE NORTH 0° 39" WEST ALONG THE LAST MENTIONED LINE, 52.08 FEET TO THE TRUE POINT OF BEGINNING.

PARCEL 3

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, PAGE 67, DEED RECORDS, DOUGLAS COUNTY, NEVADA.

PER URS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED ON MARCH 19, 2003, IN BOOK 0303, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA AT PAGE 8538 AS DOCUMENT NO. 570454.

APN: 1418-03-401-002



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 (Last)		3 LAST (BIRTH)	
NIEVES		RUIZ-SATO	
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy	
NIEVES R SATO		12/28/1944	
9 BIRTH STATE/FOREIGN COUNTRY		5 AGE Yrs	
SPAIN		74	
10 SOCIAL SECURITY NUMBER		6 UNDER ONE YEAR	
-1995		Months Days	
11 EVER IN U.S. ARMED FORCES?		7 UNDER 24 HOURS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Hours Minutes	
12 MARITAL STATUS/SRDP* (at Time of Death)		8 HOUR (24 Hours)	
MARRIED		0524	
13 EDUCATION - Highest Level/Degree (see verification on back)		16 DECEDENT'S RACE - Up to 3 races may be listed (see verification on back)	
14/15 WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see verification on back)		CAUCASIAN	
HS GRADUATE <input checked="" type="checkbox"/> YES SPANISH			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
19 YEARS IN OCCUPATION		50	
20 DECEDENT'S RESIDENCE (Street and number, or location)			
548 BELLE AVENUE			
21 CITY		22 COUNTY/PROVINCE	
SAN RAFAEL		MARIN	
23 ZIP CODE		24 YEARS IN COUNTY	
94901		5	
25 STATE/FOREIGN COUNTRY		26 INFORMANT'S NAME RELATIONSHIP	
CA		KOZO SATO, SPOUSE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28 NAME OF SURVIVING SPOUSE/SRDP - FIRST	
548 BELLE AVENUE, SAN RAFAEL, CA 94901		KOZO	
29 MIDDLE		30 LAST (BIRTH NAME)	
-		SATO	
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE	
ADALBERTO		-	
33 LAST		34 BIRTH STATE	
RUIZ		SPAIN	
35 NAME OF MOTHER/PARENT - FIRST		36 MIDDLE	
ENCARNACION		-	
37 LAST (BIRTH NAME)		38 BIRTH STATE	
ALVAREZ		SPAIN	
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION	
05/03/2019		RESIDENCE OF KOZO SATO 358 BELLE AVENUE, SAN RAFAEL, CA 94901	
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT	
-		KEATON'S MORTUARY	
45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
FD6		MATTHEW WILLIS, MD MPH	
47 DATE mm/dd/yyyy		48	
05/01/2019			
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
MARIN		548 BELLE AVENUE	
106 CITY		107 CAUSE OF DEATH	
SAN RAFAEL		Enter the chain of events - diseases, trauma, or complications - 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.	
108 DEATH REPORTED TO CORONER?		109 IMMEDIATE CAUSE (Final disease or condition resulting in death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(A) LEWY BODY DEMENTIA	
110 DEATH REPORTED TO CORONER?		(B)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C)	
111 USED IN DETERMINING CAUSE?		(D)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		(E)	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)			
NO			
113A 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		115 SIGNATURE AND TITLE OF CERTIFIER	
Decedent: <u>Antonio Saton</u>		ANTHONY EDWARD ALLEN M.D.	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		116 LICENSE NUMBER	
ANTHONY EDWARD ALLEN M.D.		A73148	
117 DATE mm/dd/yyyy		117 DATE mm/dd/yyyy	
05/01/2019		05/01/2019	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?	
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		<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 (if p., 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			
MATTHEW WILLIS, MD MPH COUNTY HEALTH OFFICER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		GENSUS 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

05/03/2019



000549514

MATTHEW WILLIS, MD, MPH
COUNTY HEALTH OFFICER

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

CAMARIN-01

