

APN# 1320-33-817-036

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: The Sandberg Family Trust C/O JON NAKAGAWA

Address: 14500 Doolittle Drive

City/State/Zip: San Leandro CA 94577

AFFIDAVIT - DEATH OF TRUSTEE

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

EMILY TOBIAS

Printed Name

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

EXHIBIT 'A'

**LOT 36 IN BLOCK E, AS SHOWN ON THE FINAL SUBDIVISION MAP #1006-12 OF
CHICHESTER ESTATE PHASE 12, RECORDED JANUARY 8, 2004, IN BOOK 0104, OF
OFFICIAL RECORDS, AT PAGE 2012, DOCUMENT NO. 601490, DOUGLAS COUNTY,
NEVADA.**

COPY

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

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

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 or number) 1421 Willow Creek Lane		3e. If Hosp or Inst. indicate DOA, OPI/Embr, 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		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		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 ██████-1498		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
BUSINESS OWNER		LUMBER STORE		Ever in US Armed Forces? Yes	
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) Crementation		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 SIGNATURE AUTHENTICATED		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 SIGNATURE AUTHENTICATED		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)	
21d. 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 SIGNATURE AUTHENTICATED			
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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Electrolyte Imbalance Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Prostate Carcinoma Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Advanced Age				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., 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	

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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.

6/14/2019

DATE ISSUED:

Jan Shytle
Interim Administrator
STATE REGISTRAR

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

