FIRST AMERICAN TITLE MINDEN APN# 1320-33-817-036 KAREN ELLISON, RECORDER Recording Requested by/Mail to: Name: FATCO Address: 1663 US HWY 395 STE 101 City/State/Zip: MINDEN NV 89423 Mail Tax Statements to: The Sandberg Family Trust C/O JON NAKAGAWA Name: 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

**DOUGLAS COUNTY, NV** 

Pgs=6

Rec:\$40.00

\$40.00

2021-968399

06/01/2021 03:12 PM

#### **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Sandberg Family Trust

Space Above This Line for Recorder's Use Only

A.P.N. 1320-33-817-036

File No.: 143-2624298 (et)

## Affidavit - Death of Trustee

State of NV )
)ss.
County of DOUGLAS )

**Barbara Sandberg** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Reginald Sandberg ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on June 06, 2019 at Gardnerville, NV (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **September 22, 1988** executed by **Reginald E. Sandberg and Barbara Sandberg** as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain GRANT BARGAIN AND SALE DEED dated JUNE 29,2004 which was recorded as Instrument No. 0617729 in Book 0704, Page 00381, of Official Records of DOUGLAS County, Nevada as legally described as follows:

# Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: > 121 (202)
DECLARANT:
Barbara Sandberg, Trustee by Jon Yoshiye Nakagawa as attorney in fact
State of CALIFORNIA ) State of CALIFORNIA ) State of CALIFORNIA )
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for sald County ALAMEDA and State CAUFORNIA, this day of MAY 20 by
JON YOSHIYE NAKAGAWA , personally know to me or proved to me on the basis of satisfactory evidence to be the person(8) who appeared before me.
Signature  My Commission Expires:  With a seal official seal of the seal of th
Notary Name: HEATHER BENNETT Notary Phone: 5/06/33926  Notary Registration Number: 23/8533 County of Principal Place of Business ALAMED

.

STATE OF <u>CALIFORNIA</u> :ss COUNTY OF <u>ALAMEDA</u> :

On MAY 21, 2021, Jon Yoshiye Nakagawa personally appeared before me, a Notary Public in and for Douglas County, NV known (or proved) to me to be the person whose name is subscribed to the within instrument as the attorney in fact of Barbara Sandberg, Trustee and acknowledged to me that he/she subscribed his/her own name as attorney in fact.

NOTARY PUBLIC

HEATHER BENNETT
COMM. # 2318533
NOTARY PUBLIC: CALIFORNIA
COUNTY OF ALAMEDA
MY COMM. Exp. Jan. 10, 2424

## 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.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS** 

			•
CASE	FILE	NO.	4086404

### **CERTIFICATE OF DEATH**

2019011458

PERMANENT	Ta. DECEASED-NAME (FIRST,MIDDE Reginald Eli			SANDBE	₹G	1	OF DEATH (Mo/Da June 06, 2019		a. COUNTY OF DE	
BLACK INK	36, CITY, TOWN, OR LOCATION OF D	EATH 3c. HOSPI number)	•				3e.lf Hosp. or Inst. Inpatient(Specify)	1		4. SEX
DECEDENT	Gardnerville 5. RACE (Specify)	<u>. þ.</u>	5. Hispanic Orig	21 Willow Cre	7a. AGE-Last birthd	ed 7h of thro	ED 4 VEAR TO UN	Home	DATE OF DIOT	Male
<b>\</b>	White	- 1			(Years)	MOS			DATE OF BIRTH June 02	
OCCURRED IN INSTITUTION SEE	99. STATE OF BIRTH (If not US/CA. name country) California	95. CITIZEN OF United	WHAT COULT States	RY 10 EDUCAT	ION 11. MARITAL STA Man				LAMBERT	st merriage)
HANDBOOK REGARDING COMPLETION OF RESIDENCE	13 SOCIAL SECURITY NUMBER -1498	14a. USUAL OC		ve Kind of Work I NESS OWN	Done During Most of ER	14b. K	IND OF BUSINESS		Y Ever i Force	n US Armed s? Yes
пемѕ	15a. RESIDENCE - STATE 156. CO	Douglas	15c. Cn	ry, <u>rown or Lo</u> Gardnervi	-	REET AND	Creek Lane	( ;		SIDE CITY S (Spedity Yes Yes
PARENTS	16. FATHER/PARENT - NAME (First N Edwi	iddie Lest Suffi n SANDBE					NAME (First Midd	le Last Suffi SARLIN	76.	/
	18a, INFORMANT- NAME (Type or Prin	) y	118	b. MAKING ADD	RESS (Street or I	RED No C	Thy or Town State	Zin\	.:	70

LICENSE NUMBER

FD917

DISPOSITION

SIGNATURE AUTHENTICATED

Paul SANDBERG PO Box 2837 Gardnerville, Nevada 89410 198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory

19c. LOCATION City or Town Carson City Nevada 89701

20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423

TRADE CALL

CERTIFIER

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) : SIGNATURE AUTHENTICATED DOUGLAS VACEK DO 21b. DATE SIGNED (Mo/Day/Y/) 21c. HOUR OF DEATH June 11, 2019 08:55 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)

**CHRISTIE D WILDE** 

22a. On the basis of examination and/or investigation, in my opinion death occurred 224. On the basis or examination action impossing a single stated. (Signature & Tite) 22b. DATE SIGNED (Mo/Day/Yr) 22c: HOUR OF DEATH 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour)

238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER Douglas Vacek DO 850 6th Street Lovelock, NV 89419 1125

REGISTRAR

**CAUSE OF** DEATH

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

SIGNATURE AUTHENTICATED			(MODE)
NTER ONLY ONE CAUSE PER LINE FO	R (a),	(b), A	ND (c).)

ANGELICA RAMIREZ

24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE YES 🗍 NO X June 12, 2019

ARTI (8) Cardia	C Arrest	(a), (b), AND (c).)		Interval between onset and deat
	OR AS A CONSEQUENCE OF: plyte imbalance		Y A :	Interval between onset and deal
(c) Metas	oras a consequence of:		1 (22)	Interval between onset and deat
DUE TO, (	DR AS A CONSECUENCE OF:		y**1	interval between onset and deat

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

Advanced Age

26. AUTOPSY (Specif 27. WAS CASE REFERRED TO CORONER Yes or No) No (Specify Yes or No) No.

Sc. HOUR OF INJURY 284 DESCRIBE HOW INJURY OCCURRED 28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office

uilding, etc. (Specify)

STATE

CERTIFIED COPY OF VITA

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

Interim Administrator

STATE REGISTRAR





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