

APN# 1320-33-716-019

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: Barbara Sandberg C/O Jon Nakagawa

Address: 14500 Doolittle Dr

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Barbara Sandberg

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-33-716-019

File No.: 143-2628651 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

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:

1. **Reginald Elmer Sandberg** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **June 6, 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 **9/22/88** executed by **Reginald 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 **November 15, 2001** which was recorded as Instrument No. **0529574** in Book **1201**, Page **2309**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

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

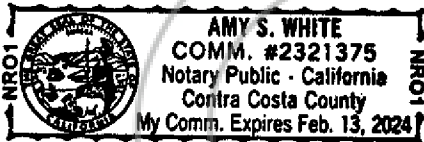
County of Alameda

Subscribed and sworn to (or affirmed) before me on

this 15th day of July, 2021, by
Date Month Year

(1) Barbara Sandberg, Trustee by Jon
Mosmija NAKAGAWA, AS ATTORNEY IN FACT

(and (2) None),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Amy S. White
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: July 15, 2021 Number of Pages: 4⁵ including this
since

Signer(s) Other Than Named Above: None

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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 }
County of Alameda

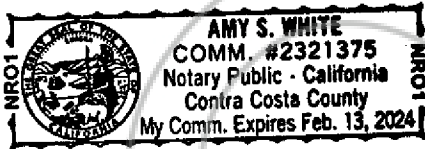
On July 15, 2021 before me, Amy S. White Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Barbara Sandberg, Trustee by Jon Yoshiye
Name(s) of Signer(s)

Wakagawa, as Attorney in fact
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature Amy S. White
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Death of Trustee

Document Date: July 15, 2021 Number of Pages: 5 including this acknowledgment

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Jon Yoshiye Wakagawa Signer's Name: _____

Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____

Partner - Limited General Partner - Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer is Representing: Barbara Sandberg Signer is Representing: _____

EXHIBIT 'A'

LOT 19 IN BLOCK B, OF CHICHESTER ESTATES PHASE 8 FINAL SUBDIVISION MAP #1006-8 ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 12, 2001 IN BOOK 0601, AT PAGE 2589 AS DOCUMENT NO. 516199 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 15, 2002 IN BOOK 202, PAGE 5301 AS INSTRUMENT NO. 534878 OF OFFICIAL RECORDS.

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		3d. Hosp. or inst. indicate DOA, OPI/Emer. 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 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 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 (e) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Electrolyte Imbalance DUE TO, OR AS A CONSEQUENCE OF: (c) Metastatic Prostate Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (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 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			

000773883



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:

Ann Shytle
Interim Administrator
STATE REGISTRAR

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

