1320_33_716_0//5	DOUGLAS COUNTY, NV Rec:\$40.00 \$40.00 Pgs=8	2021-975537 10/15/2021 08:58 AM
APN#1320-33-716-045	FIRST AMERICAN TITLE N KAREN ELLISON, RECOR	
Recording Requested by/Mail to:		\wedge
Name: FATCO	\	\ \
Address: 1663 US HWY 395 STE 101		\ \
City/State/Zip: MINDEN NV 89423		\ \
Mail Tax Statements to:		7 /
The Sandberg Family Trust C/O JON NAKAGAWA		
Address: 14500 DOOLITTLE DR		
City/State/Zip: SAN LEANDRO CA 94577		
	- 	
AFFIDAVIT DEATH OF	TRUSTEE	
Title of Document (requ		
(Only use if applicable)		
The undersigned hereby affirms that the docume DOES contain personal information as required	nt submitted for recordi by law: (check applicable	ing e)
XAffidavit of Death – NRS 440.380(1)	(A) & NRS 40.525(5)	
Judgment – NRS 17.150(4)		
Military Discharge – NRS 419.020(2)		
l Des		
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

File No.: 143-2635396 (et)

A.P.N. 1320-33-716-045

Affidavit - Death of Trustee

State of NV CA)

State of DOUGLAS A lameda)

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 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 December 18, 2001 which was recorded as Instrument No. 0532078 in Book 0102, Page 2825, 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

 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: C	DCT 6, 2021	•	(
DECLARANT: Buluyan Barbara Sand	berg, Trustee by Jon Yo	אל של אויף אל איני Shiye Nakagawa, a	agum and hur as attorney in fact	on fact
State of CA	alifornia)			
SUBSCRIBED A	ALIFORMA) ss ameda) ND SWORN TO (or affirma	ed) before me the und	ersigned, a Notary Pe	ublic in and
for said County	Alameda and	State CA	, this	by Barbara Sandbe
	ctory evidence to be the potential and official seal.	erson(e) who appeared	w to me or proved to d before me This area for official r	
Signature	Expires: Scp. 18	,2024	N. M.	N. DELACRUZ COMM. #2333773 Notary Public - California Alameda County Comm. Expires Sep. 18, 2024
	N. Delacruz ation Number: 233377		(510) 640. 40 cipal Place of Business	002 Alameda

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STATE OF	California Alameda) :ss.)	
On 10/6/2 for A\omega subscribed to the me that he she	Jon Yoshiye N County, NY km ne within instrument as the subscribed his/her own n	akagawa personally appeared I own (or proved) to me to be th e attorney in fact of Barbara S ame as attorney in fact.	before me, a Notary Public in and le person whose name is landberg and acknowledged to
NOTARY PUBLIC	>		N. DELACRUZ COMM. #2333773 Notary Public · California Alameda County My Comm. Expires Sep. 18, 2024

California Jurat Certificate

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.

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County of Alameda	\
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Nakagawa, as atto	inefin fact
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	Notary Public - California Alameda County
	My Comm. Expires Sep. 18, 2024
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OPTIONAL INFORM	MARITON
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Description of Attached Document	
The certificate is attached to a document titled/for the purpose of	Method of Affiant Identification
	Proved to me on the basis of satisfactory evidence:
	form(s) of identification credible witness(es)
	Notarial event is detailed in notary journal on:
	Page # Entry #
	Notary contact:
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ontaining pages, and dated	Other
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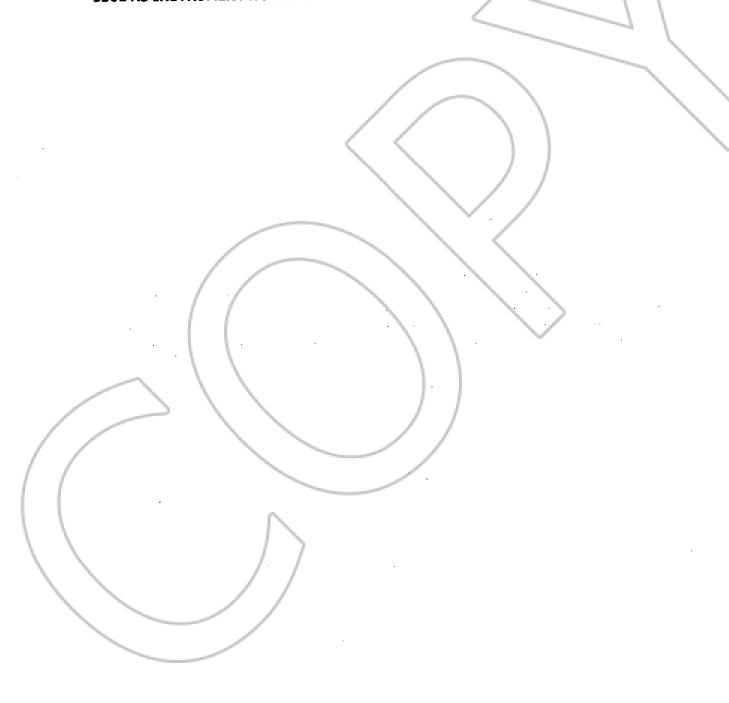
California Jurat Certificate

A notary public or other officer completing this certificate verifies conty the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy, or validity of that document.

satisfactory evidence to be the person(s) who appeared before r	an me on the basis of
Subscribed and sworn to (or affirmed) before me or this	me on the basis of M. DELACRUZ COMM. #2333773 Notary Public - California Alameda County
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Affiant(s	s) Thumbprint(s) Describe:

EXHIBIT 'A'

LOT 45 IN BLOCK B, OF FINAL SUBDIVISION MAP #1006-8 CHICHESTER ESTATES PHASE 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 AS AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 15, 2002 IN BOOK 202, PAGE 5301 AS INSTRUMENT NO. 534878 OF OFFICIAL RECORDS.





DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

CASE FI	ILE NO. 4086404		,	JEKIIF	ICATE	OF DEATH		1	20190		
TYPE OR	1a DECEASED NAME (FIRS	SUCCION				lo over o	STATE FILE NUMBER 2. DATE OF DEATH (Mo/Dsy/Year) 3a. COUNTY OF DEATH				
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BLACK INK	· · · · · · · · · · · · · · · · · · ·		ATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(It not either, give				j J	une 06, 2019	Scena DO & OD/E	Dougla	
<i>'</i>	Gardnerville		number)		Willow Cre			patient(Specify)	1	2009. PCIII. 4	. SEX
DECEDENT	5. RACE (Specify)		id His	penic Origin?			elizh tunnen	A VEAD TO THUM	Home	TE OF DIDTIL	Male
	White			No - Non-Hi		(Years)	MOS				
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OCCURRED IN	Inama animan in		United States 12			Marri	Married			MBERT	
HANDBOOK REGARDING	3. SOCIAL SECURITY NUMBER 148 USUAL (IAL OCCUPATION (Give Kind of Work Done During Most of			146 KIND OF BUSINESS OR INDUSTRY Ever in US Armed				US Armed
COMPLETION OF RESIDENCE ITEMS	1498	Lies and St		BUSINESS OWNER			<u> </u>	LUMBER STORE Forces? Yes			
	15a RESIDENCE - STATE	156. COUNTY				1000	REET AND N			LIMITS (DE CITY Specify Yes
	Nevada		uglas	<u> </u>	<u>ardnervi</u>			reek Lane		or No)	Yes
PARENTS	10. FATHERVPARENT - NAME	•	ANDBERG		/	: 17 MOTHER	PARENT - NA	ME (First Middle			
	18a INFORMANT- NAME (Typ		THOBEIG	18b A	MAILING ADD	RESS (Street or E	ED NA CA	Ida Marie			
		SANDBERG			ALLING ACC		76.	rdnerville. Nev	-		1
7	19a. BURIAL, CREMATION, RI	MOVAL, OTH	R (Specify) 196	CEMETERY	OR CREMAT					orTown Sta	\rightarrow
DISPOSITION	Crema	tion				enry's Crematory	y		Carson City		
	20a FUNERAL DIRECTOR - S					DIRECTOF 20c NA			Y		
		TIE D WII		10	CENSE NUM FD91			Henry's Carsor			
TRADE CALL	TRADE CALL - NAME AND AD	TURE AUTHI		T."		/ /	16.	37 Esmerelda Pla	ice Minden	NV 89423	
THADE OALL	7 21- Y- W- b			ime data enc	nlace and di	279 On the	basis of every	ination and/or investi	nation to our more	50 daysh as a sa	
	218 10 the best of my to	ignature & Title	BIGNA	TURE AUT		D 📲 zithe time.	date and place	and due to the cause	(s) stated (Signs	ature & Title)	•
CERTIFIER	94 21h DATE SIGNED /14		S VACEK I	OF DEATH	The state of the s	ZZE On the	E SIGNED (N	AnDauto	22c, HOUR	OC DC LEU	
JERTH IER	និទ្ធ័ June 11, 2019		210.1100.11	08:55	27%	E 20. DA	E SIGNED (ii	1000y/11)	22G 100K	OF DEATH	
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	23a. NAME AND ADDRESS OF	CEOTICIEDIO	HYCICIAN ATT	CNOWIC DUV	CICIAN MED	EN EXAMPLE OF	COPONED				
	TOTAL TO MILE AND ADDRESS OF					Block, NV 8941		(1 ype or Phint)	, 236 LIC	ENSE NUMBER 1125	
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CA03E 01	25. IMMEDIATE CAUSE	(ENTER ON	LY ONE CAUSE	PER LINE FO)R (#), (b), AN	(D (c).)	 		Interv	al Detween onse	t and death
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IMMEDIATE CAUSE	Metastat	tic Prosta	te Carcino	ma		/ /	•		Interv	al between onse	t and death
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CAUSE LAST	(d)	,	V	The Real Property lies and the Personal Property lies and the	-					vermeen of 184	. = IO 00001
_/ /	PART II OTHER SIGNIFICANT	CONDITIONS	Conditions contr	Duting to deal	th but not resu	iting in the underlying	cause given	in Part 1. 2	8 AUTOPSY (Sp	ecil 27 WAS CAS	
/ /1	Advanced Age		The Parket	Na.					es or No) No	(Specify Year	O CORONER
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1 1	28e. INJURY AT WORK (Specific	DR DIACE	OF INJURY- At h		set forten -	For 28s 004710	N 677	CET OD D C C			
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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

Interim Administrator STATE REGISTRAR



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

