

DOUGLAS COUNTY, NV **2021-975537**  
Rec:\$40.00  
\$40.00 Pgs=8 10/15/2021 08:58 AM  
FIRST AMERICAN TITLE MINDEN  
KAREN ELLISON, RECORDER

APN# 1320-33-716-045

**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 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Dated: Oct. 6, 2021

**DECLARANT:**

Barbara Sandberg Trustee by Jon Yoshiye Nakagawa, attorney in fact  
**Barbara Sandberg, Trustee by Jon Yoshiye Nakagawa, as attorney in fact**

State of CALIFORNIA )  
County of Alameda )ss

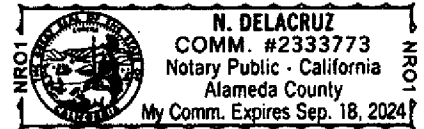
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Alameda and State CA, this 6 day of October, 2021 by Barbara Sandberg Trustee by Jon Yoshiye Nakagawa, as attorney in fact, personally know to me or proved to me on the basis of satisfactory evidence to be the person attorney in fact who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Signature]

My Commission Expires: Sep. 18, 2024



Notary Name: N. Delacruz Notary Phone: (510) 640-4002  
Notary Registration Number: 2333773 County of Principal Place of Business Alameda



# 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.

State of California

County of Alameda

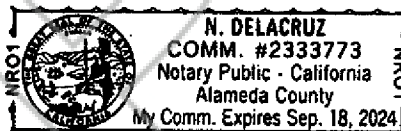
S.S.

Subscribed and sworn to (or affirmed) before me on this 6 day of October

20 21, by Barbara Sandberg, Trustee by Jon Yoshiye and Nakagawa, as attorney in fact.

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

ND  
\_\_\_\_\_  
\_\_\_\_\_



## OPTIONAL INFORMATION

### Description of Attached Document

The certificate is attached to a document titled for the purpose of

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_

### 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: \_\_\_\_\_

Other

Affiant(s) Thumbprint(s)  Describe: \_\_\_\_\_

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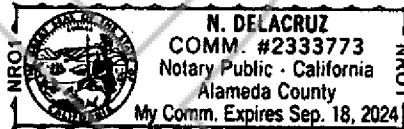
s.s.

Subscribed and sworn to (or affirmed) before me on this 6 day of October

2021, by Jon Yoshiye Nakagawa and

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

DD



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### Other

Affiant(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.**

**COOPER**

**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) <b>Reginald Elmer SANDBERG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 06, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) <b>1421 Willow Creek Lane</b>		3e. If Hosp or Inst. indicate DOA, OPI, Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE -Last birthda (Years) <b>90</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 02, 1929</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (List name prior to first marriage) <b>Barbara LAMBERT</b>	
13. SOCIAL SECURITY NUMBER <b>1498</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>BUSINESS OWNER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER STORE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1421 Willow Creek Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edwin SANDBERG</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ida Marie SARLINE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Paul SANDBERG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 2837 Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
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) <b>DOUGLAS VACEK DO</b> 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) <b>June 11, 2019</b>		21c. HOUR OF DEATH <b>08:55</b>		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) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>			
23b. LICENSE NUMBER <b>1125</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 12, 2019</b>		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) <b>Cardiac Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Electrolyte Imbalance</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Metastatic Prostate Carcinoma</b> 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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:

*Jan J. [Signature]*  
**Interim Administrator**

STATE REGISTRAR

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

