

APN 1318-23-813-023

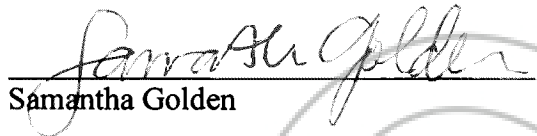
**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Samantha Golden, Trustee
The Kitazawa Trust dated November 21, 1990
1835 Chaise Drive
Carson City NV 89703

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))


Samantha Golden

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)ss:
CARSON CITY)

SAMANTHA GOLDEN, being first duly sworn, upon oath and under penalty of perjury, deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That NORIKO KITAZAWA, the decedent mentioned in the attached Certificate of Death who died on April 10, 2023, is the same person as NORIKO KITAZAWA named as Trustee of THE KITAZAWA TRUST dated November 21, 1990, in that certain Quitclaim Deed

recorded as Document No. 261725 on October 3, 1991, covering the following described property.

3. That the real property described herein is real property situated in Douglas County, State of Nevada, and more particularly described as follows:

Lot 55, Block D, as shown on the Official Map of First Addition to Kingsbury Heights Subdivision.


Commonly known as 173 Kingsbury Cir., Stateline NV 89449; APN 1318-23-813-023. Legal description from Quitclaim Deed recorded October 3, 1991, as Document No. 261725.

4. That I, SAMANTHA GOLDEN, am the Decedent's granddaughter and am named within the aforementioned Trust and am the Successor Trustee.

5. That I, SAMANTHA GOLDEN, confirm, and I consent to serve as Trustee of the aforementioned Trust and hereby assume the powers and duties as Trustee of such Trust.

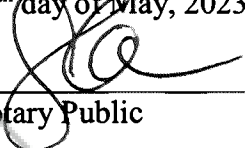
6. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

DATED this 24th day of May, 2023.

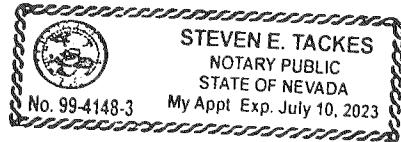


SAMANTHA GOLDEN, Trustee
THE KITAZAWA TRUST dtd November 21, 1990

SUBSCRIBED AND SWORN to before me
by SAMANTHA GOLDEN this
24th day of May, 2023.



Notary Public (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4344438

CERTIFICATE OF DEATH

2023008366
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

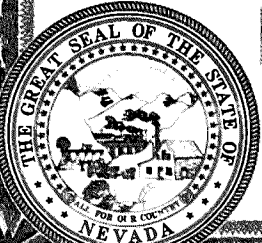
CERTIFIER

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) Noriko KITAZAWA		2. DATE OF DEATH (Mo/Day/Year) April 10, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1835 Chaise Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4 SEX Female		7a. AGE-Last birthday (Years) 88		8. DATE OF BIRTH (Mo/Day/Yr) July 21, 1934	
5. RACE (Specify) Japanese		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
9a. STATE OF BIRTH (if not US/CA, name country) Japan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER -2780		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN, OR LOCATION Carson City	
15d. STREET AND NUMBER 1835 Chaise Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Akitaro KITAZAWA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Miyako MIYAZAWA		
18a. INFORMANT- NAME (Type or Print) Samantha GOLDEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1835 Chaise Drive Carson City, Nevada 89703			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) NITA SCHWARTZ MD 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) April 19, 2023		21c. HOUR OF DEATH 07:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710.W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 19, 2023		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) Cerebral Atherosclerosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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 1.				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	



CERTIFIED COPY OF VITAL RECORDS

Scott Spangler

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.
4/20/2023

DATE ISSUED:

STATE REGISTRAR

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

