

DOUGLAS COUNTY, NV

**2024-1005492**

Rec:\$40.00

\$40.00

Pgs=6

**03/12/2024 10:45 AM**

STEWART TITLE COMPANY - NV

SHAWNYNE GARREN, RECORDER

APN: 1320-33-401-043

Recording Requested by: Stewart Title Company

Return To: Stewart Title Company

Address: 5390 Kietzke Ln., Suite 101  
Reno, NV 89511

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Affidavit – Death of Beneficiary  
(Title of Document)

“This document may be signed in counterpart”

This page is added to provide additional information required by NRS 111.312 Sections 1-2  
(Additional recording fee applies)

This cover page must be typed or printed in BLACK ink only

## AFFIDAVIT – DEATH OF BENEFICIARY

Masaki Yamada, spouse of decedent herein, being duly sworn, deposes and says that Rachaneekorn Yamada, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Rachaneekorn Yamada, named as one of the beneficiaries in the Deed of Trust recorded on August 21, 2017, as instrument number 2017-902960, Official Records of Douglas County, Nevada, covering the following described property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located in the Southwest 1/4 of the Southwest 1/4 of Section 33, Township 13 North, Range 20 East, M.D.B.&M., Douglas County, more particularly described as follows:

COMMENCING at the found Southeast corner of said Section 33, proceed South 89°51'10" West, 3,972.70 feet to the found 1/16 section corner at the Southeast corner of the said Southwest 1/4 of the Southwest 1/4 of Section 33;

Thence North 72°38'38" West, 49.88 feet to a point at the intersection of the North right-of-way line of Douglas Avenue, and a line parallel to and 30 feet Southwesterly of the centerline of Main Street (U.S. Highway 395);

Thence North 44°54' West, 324.00 feet along said parallel line, to a point;

Thence at right angles Southwesterly, 9.00 feet, to the Northernmost corner of the Ritchford Hotel property, which is the True Point of Beginning;

Proceed thence South 44°54' East, 194.00 feet along the Southerly right-of-way line of Main Street, which is 39 feet Southwesterly of and parallel to the centerline of Main Street, as established by the Nevada State Highway Department, to a point;

Thence South 45°59'21" West, 72.25 feet, to a point;

Thence South 45°13'05" East, 51.00 feet to a point on the Northerly right-of-way line of Douglas Avenue;

Thence along said Northerly right-of-way line South 89°51'10" West, 181.00 feet to a point;

Thence North 45°06' East, 28.50 feet to a point; thence North 44°54' West, 115.00 feet to a point;

Thence North 44°37'07" East, 172.00 feet, to the Point of Beginning.

Said parcel is also shown on Record of Survey recorded May 8, 1980, in Book 580, Page 537, Douglas County, State of Nevada, as Document No. 44360.

The above legal description appeared previously in that certain Deed recorded August 21, 2017, as Document No. 2017-902598, of Official Records, pursuant to NRS Section 6. NRS 111.312.

Masaki Yamada, is one of the beneficiaries to whom the Deed of Trust interest conveyed to upon the death of the beneficiary Rachaneekorn Yamada.

SIGNATURE PAGE ATTACHED HERETO

Dated: 2/15/24, 2024

Masaki Yamada  
Masaki Yamada

**See Attached  
Acknowledgment  
from Notary Public**

State of California.

County of Alameda.

On the 15<sup>th</sup> day of February, 2024, there personally appeared before me, a Notary Public, Masaki Yamada who acknowledged to me that he/she executed the foregoing instrument.

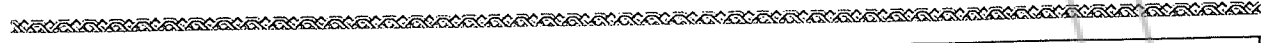
Bhikhabatel.  
Notary Public

My Commission Expires: Sept-14, 2027

**COPIES**

CALIFORNIA ALL-PURPOSE 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 )

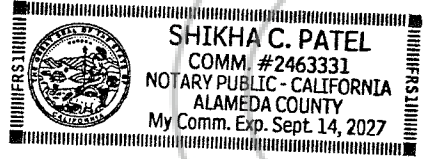
On Feb. 15<sup>th</sup>, 2024 before me, Shikha C Patel, Notary public,  
Date Here Insert Name and Title of the Officer

personally appeared Masaki Yamada  
Name(s) of Signer(s)

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.



Signature Shikha Patel  
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is 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 Beneficiary  
Document Date: No Date Number of Pages: two  
Signer(s) Other Than Named Above: No other signer

Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_  
 Corporate Officer -- Title(s): \_\_\_\_\_  
 Partner --  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer -- Title(s): \_\_\_\_\_  
 Partner --  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052019014822

**CERTIFICATE OF DEATH**

3201901000522

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 2/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>RACHANE EKORN</b>		2. MIDDLE -		3. LAST (Family) <b>YAMADA</b>	
AKA, ALSO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))		4. DATE OF BIRTH mm/dd/yyyy <b>08/30/1962</b>		5. AGE Yrs. <b>56</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>THAILAND</b>		10. SOCIAL SECURITY NUMBER <b>2094</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/ISL? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>THAI</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HAIRDRESSER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>COSMOTOLOGY</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>44991 NARAGANSETT CT.</b>					
21. CITY <b>FREMONT</b>		22. COUNTY/PROVINCE <b>ALAMEDA</b>		23. ZIP CODE <b>94539</b>	
24. YEARS IN COUNTY <b>33</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>MASAKI YAMADA, SPOUSE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>44991 NARAGANSETT CT., FREMONT, CA 94539</b>			
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST <b>MASAKI</b>		29. MIDDLE -		30. LAST (BIRTH NAME) <b>YAMADA</b>	
31. NAME OF FATHER/PARENT - FIRST <b>IN</b>		32. MIDDLE -		33. LAST <b>INKHUM</b>	
34. BIRTH STATE <b>THAILAND</b>		35. NAME OF MOTHER/PARENT - FIRST <b>PAN</b>		36. BIRTH STATE <b>THAILAND</b>	
37. LAST (BIRTH NAME) <b>RIABROKIT</b>					
39. DISPOSITION DATE mm/dd/yyyy <b>01/28/2019</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF MASAKI YAMADA 44991 NARAGANSETT CT, FREMONT, CA 94539</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>▶ KEVIN SMITH</b>		43. LICENSE NUMBER <b>EMB7457</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>BERGE-PAPPAS-SMITH CHAPEL OF THE ANGELS</b>		45. LICENSE NUMBER <b>FD668</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ ERICA PAN, MD</b>	
47. DATE mm/dd/yyyy <b>01/25/2019</b>					
101. PLACE OF DEATH <b>DECEDENT'S HOME</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>44991 NARAGANSETT CT.</b>		106. CITY <b>FREMONT</b>	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) OVARIAN CANCER METASTASIZE TO LIVER, LUNGS, LYMPH NODES AND PERITONEUM</b>		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY, 02/06/2018</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy <b>01/14/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ JYOTSNA REDDY BOMDICA M.D.</b>		116. LICENSE NUMBER <b>A55836</b>	
117. DATE mm/dd/yyyy <b>01/22/2019</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JYOTSNA REDDY BOMDICA M.D. 30116 EIGENBRODT WAY, UNION CITY, CA 94587</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Failure <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001004103637"			

1 of 1

CA ALAMEDA 01

**CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA**

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

001227686

DATE ISSUED

JAN 29 2019

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIAHEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on enlarged border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



## LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies produced from the recorded document would not be legible and may affect legal rights and entitlements. However, the customer requested that the document be recorded without delay. Therefore, pursuant to NRS 247.120, the County Recorder accepted the document conditionally, subject to submission of a suitable copy at a later date.

Upon submission of a suitable copy at a later date, I am aware that I will be required to pay recording fees.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy and may therefore adversely affect legal rights and entitlements.

Date 3/12/24

Signature Tami Haworth

Print Name Tami Haworth, Escrow Agent