

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
: ss.
County of Douglas)

I, **HEINZ FRITZSCHING**, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the husband of the decedent, **KARIN FRITZSCHING**, the person named as an initial Co-Trustee, along with me, of **The Revocable Living Trust of Heinz Fritzsching and Karin Fritzsching Dated July 15, 1992**. I am the surviving Trustee of said Trust.

That **KARIN FRITZSCHING** is the identical person as decedent **KARIN E. FRITZSCHING** named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, who died on the 11th day of January, 2001.

That the Fritzsching Trust is the title owner of certain real property situate in Douglas County, Nevada, commonly known as 1300 Petar Lane, Gardnerville, Nevada, and more particularly described as follows:

Lot 123, Block B, as set forth on Final Subdivision Map FSM-1006 of **CHICHESTER ESTATES**, Phase 1, filed for record in the office of the County Recorder, State of Nevada, on September 12, 1995, in Book 995, at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997, in Book 397, Page 654, as Document No. 407852, Official Records.

Assessor's Parcel No. 1320-33-711-001

Dated this 22 day of February, 2001.

Heinz Fritzsching

HEINZ FRITZSCHING

STATE OF NEVADA)
: ss.
County of Douglas)

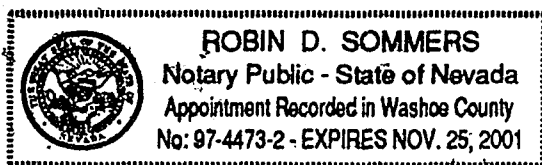
WHEN RECORDED MAIL TO:

✓ HEINZ FRITZSCHING
1300 PETAR LANE
GARDNERVILLE, NV 89410

This instrument was acknowledged before me on the 22 day of February, 2001, by **HEINZ FRITZSCHING**.

Robin D. Sommers

Notary Public



0509281

BK 0201 PG 4787

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

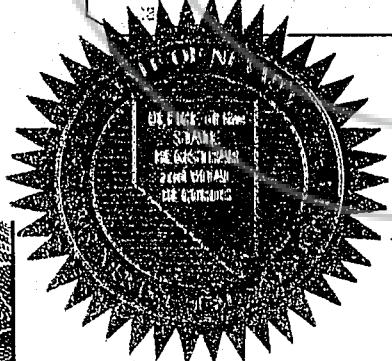
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Karin E. FRITZSCHING		2. January 11, 2001		3a. Carson City		COUNTY OF DEATH	
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. Female	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 66		8. April 1, 1934	
9a. Germany		9b. Germany		10. 14		11. Married	
13. 3589		14a. Keypunch Operator		14b. Banking		12. Heinz Fritzsching	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1300 Petar Ln.	
15e. Yes		16. FATHER—NAME First Middle Last		17. MOTHER—MAIDEN-NAME First Middle Last		17. Liselotte Swatt	
18a. Heinz Fritzsching		18b. 1300 Petar Lane, Gardnerville, Nevada 89410		19a. Cremation		19b. FitzHenry's Crematory	
19c. Carson City, Nevada		20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89401	
21a. <i>[Signature]</i>		21b. 1/12/01		21c. 1130		22a. <i>[Signature]</i>	
22b. <i>[Signature]</i>		22c. <i>[Signature]</i>		22d. ON		22e. AT	
23a. Robert J. Fliegler, M.D., 775 Fleishmann Way, Carson City, NV.		23b. 9310		24a. <i>[Signature]</i>		24b. Jan. 12, 2001	
24c. 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) Respiratory Arrest		PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I (b) Muscular Dystrophy		26. No		27. Yes	
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			



No. 177563
STATE REGISTRAR *Gyonne Sylva*

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN 12 2001 0509281 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Dale Coulam Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 FEB 23 PM 4: 51

LINDA SLATER
RECORDER

\$ 9.00 PAID K2 DEPUTY

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