APN: 1320-33-711-001

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 <u>22</u> day of February, 2001.

HEINZ-PRITZSCHING

STATE OF NEVADA)

: ss.

County of Douglas

This instrument was acknowledged before me on the ____ day of February, 2001,

by HEINZ FRITZSCHING.

Notary Public

ROBIN D. SOMMERS
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 97-4473-2 - EXPIRES NOV. 25, 2001

WHEN RECORDED MAIL TO:

HEINZ FRITZSCHING

1300 PETAR LANE

GARDNERVILLE, NV 89410

0509281

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

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

VITAL STATISTICS

			CERTIFICATE OF I	EATH			
	LOCAL FILE NUMBER					TATE FILE NUMBER	
PE RINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Mont	h, Day, Year)	COUNTY OF DEATH	
NENT	ı. Karin	E.	FRITZSCHIN			3a Carson City	
KINK	CITY, TOWN OR LOCATION OF DEATI	HOSPITAL OR OTHE	R INSTITUTION—Name (If not either, give	street and number) If He	osp. or Inst. indicate DOA, Inpatient (Specify)	OP/Emer. SEX	
5 E N S	3b. Carson City		Tahoe Hospital		Inpatient	4Female	
DENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Ori	gin? Specify ☐ yes 🔯 no if yes, AGE— o Rican, etc. AGE—Birthda	Last UNDER 1 YEAR MOS DAYS	HOURS • MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6	7a. 6		7c	April 1, 193	
ATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN	 Decedent's Education. Specify high grade completed. 	WIDOWED, DIVORCE	D	/ING SPOUSE (If wife, give maiden	
red in Ution	9a. Germany	9b. Germany	10. 14	(Specify)Marrie	ed 12.He	inz Fritzschi	
idbook Rding	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Gi Working Life, Even if Retire	ve Kind of Work Done During Most of	KIND OF BUSINESS	OR INDUSTRY		
TON OF EITEMS	13. 3589		h Operator	14b. Bankir	ıg		
1	RESIDENCE—STATE COU	UNTY	CITY, TOWN, OR LOCATION	STREET AN	D NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
└ ▶[15a. Nevada 15b	. Douglas	156. Gardnerville	15d. 13(00 Petar Ln.		
	FATHER—NAME First	Middle	Last MOTHER—M	AIDEN NAME First	Middle	Last	
NTS	16.		17.	Liselo	otte	Swatt	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D.	No., City or Town, State, 2	(ip)	
	18a. Heinz Fritzscl	hing	18b 1300 Petar	Lane, Gardne	erville, Nev	7ada 89410	
	BURIAL, CREMATION, REMOVAL, OTI	HER (Specify) CEMETE	RY OR CREMATORY—NAME		CATION City or	Town State	
	19a. Cremation	/// 19b.	FitzHenry's Crema	tory 19	c. Carso	on City, Nevad	
ITION	FUNERAL DIBECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL	DIRECTOR NAME AND ADDRESS C	FFACILITY FitzHer	nry's Carson	n Valley Funer	
L	20a. 11m.		17 20c. Home, 1	380 Hwy 395,	Gardnervil:	Le, Nevada 894	
>	200 On the health of exemplanting and/or investigation in my online death occurred						
	DATE SIGNED (Mo., Day,)	(r.) HOUR OF D	EATH	O DATE SIGNED (Mo., Day		OF DEATH	
	ΘΝ 21b. ((2 (9/ 21c 11	30	ສ ອື່ 22b.	22c.		
FER	Signature and Title) DATE SIGNED (Mo., Day,) DATE SIGNED (Mo., Day,) 21b. (7 NAME OF ATTENDING PH	YSICIAN IF OTHER THAN CERT	TRIER (Type or Print)	PRONOUNCED DEAD (I	Mo., Day, Yr.) PRONC	OUNCED DEAD (Hour)	
	트립 O 21d.			22d. ON	22e. A1		
	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINE	R, OR CORONER). (Type or F	Print.)	LICENSE NUMBER	
L	23a Robert J.	Fliegler, M.D	., 775 Fleishmann	Way, Carson	City, NV.	23b. 9310	
ONS	REGISTRAR			REGISTRAR (Mo., Day, Yr.)		NICABLE DISEASE	
IY GAVE	24a. (Signature)	A Krehe	ma 21 240. Jan.	12,2001	24c. YES NO	3	
TO ATE		ONLY ONE CAUSE PER LINE	FO) (a), (b), AND (c).)			Interval between onset and deal	
SE 3 THE	PART (a) Respira	tory Arrest					
LYING LAST	DUE TO, OR AS A COR					Interval between onset and deat	
/	(_(b) Muscula	r Dystrophy		en e			
	DUE TO, OR AS A COL				•	Interval between onset and deal	
	(0)						
E OF	PART OTHER SIGNIFICANT CON	NDITIONS—Conditions contributing	ng to death but not resulting in the underly	ng cause given in Part 1. AL	ITOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
ATH .			and the filter was to	26		27. Yes	
\	ACC., SUICIDE, HOM., UNDET., DA	TE OF INJURY (Mo., Day, Yr.) HC	OUR OF INJURY DESCRIBE HO	W INJURY OCCURRED			
\ I	OR PENDING INVEST. (Specify) 288	b. 28	c. M 28d.				
1	INJURY AT WORK PL	ACE OF INJURY—At home, farm	n, street, factory, office LOCATION.	STREET OR R.F.D.	. No. CITY OR	TOWN STATE	
\ 	(Specify Yes or No)	builaing, etc. (S f.	pecify) 28g.				
, M					B 4	177500	
No.				,	No.	177563	
	DILE ICT: off time			11			
	HE GOSTICALS		STATE REGISTRAR	worm	e Jyli	The same of the sa	
3	PARA HARAIN LAR GURGUES		OTATE REGIOTRIALI	1			

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

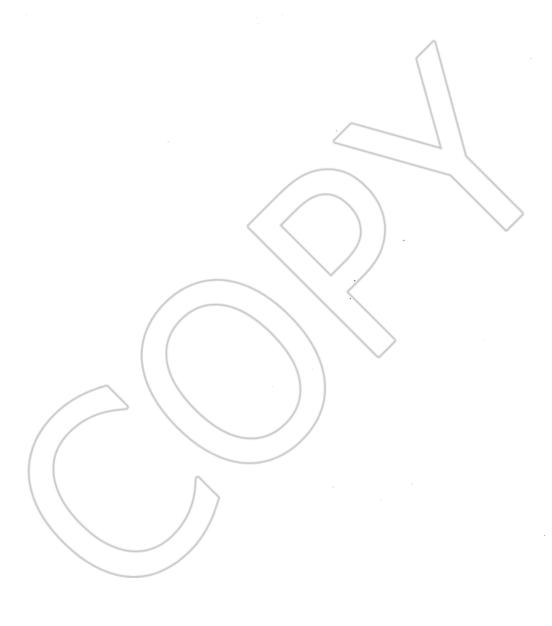
This is to certify that the above is a true and correct copy

of the certificate on file in this office.

Date Issued:

BK 0201 PG 4788

State Registrar



REQUESTED BY

Dale Cowlam Esq

IN OFFICIAL RECORDS OF

DOUGLAS CO., MEYADA

2001 FEB 23 PM 4: 51

LINDA SLATER
RECORDER

PAID

DEPUTY

0509281

BK0201PG4789