

APN#: 1220-04-111-009

**Recording Requested By:**  
Western Title Company, Inc.  
**Escrow No.:** 062063-MHK

**When Recorded Mail To:**  
Anne Lundin  
P.O. 2809  
Gardnerville, NV 89410



**Mail Tax Statements to: (deeds only)**

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

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.  
(Per NRS 239B.030)

**Signature** *M Kelsh*  
**M Kelsh** **Escrow Officer**

\_\_\_\_\_  
**Affidavit of Death Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)



APN: 1220-04-111-009  
RECORDING REQUESTED BY:  
Western Title Company  
1513 Highway 395, Suite 101  
Gardnerville, NV 89410  
AND WHEN RECORDED MAIL TO:

Anne Lundin  
P.O. Box 2809  
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF Nevada

) SS.

COUNTY OF Douglas

Anne Z. Lundin, Successor Trustee of legal age, being first duly sworn, deposes and says:

Eugene H. Zierdt is the decedent mentioned in the attached certified copy of Certificate of Death, as Eugene Harshberger Zierdt is the same person named as Trustee in that certain Declaration of Trust, executed by Eugene Harshberger Zierdt, Trustee of Eugene Harshberger Zierdt and Ruby Overholts Zierdt Family Trust dated 12-12-1996

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, recorded on 4-8-1997, in book 497, Page 1046 as Document no. 41013, in Official Records of Lyon County, Nevada, describing the following real property:

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

**SEE EXHIBIT "A" ATTACHED**

**Assessor's Parcel Number(s):**

**1220-04-111-009**

**Commonly known as: 1216 Kingslane Gardnerville, NV 89410**

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.



Dated 1-8-14

Anne Z. Lundin Trustee  
Anne Z. Lundin, Successor Trustee

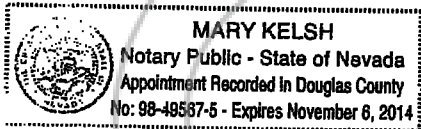
STATE OF Nevada

COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 8th day of January, 2014, by Anne Z. Lundin, Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature Mary Kelsh  
Notary public



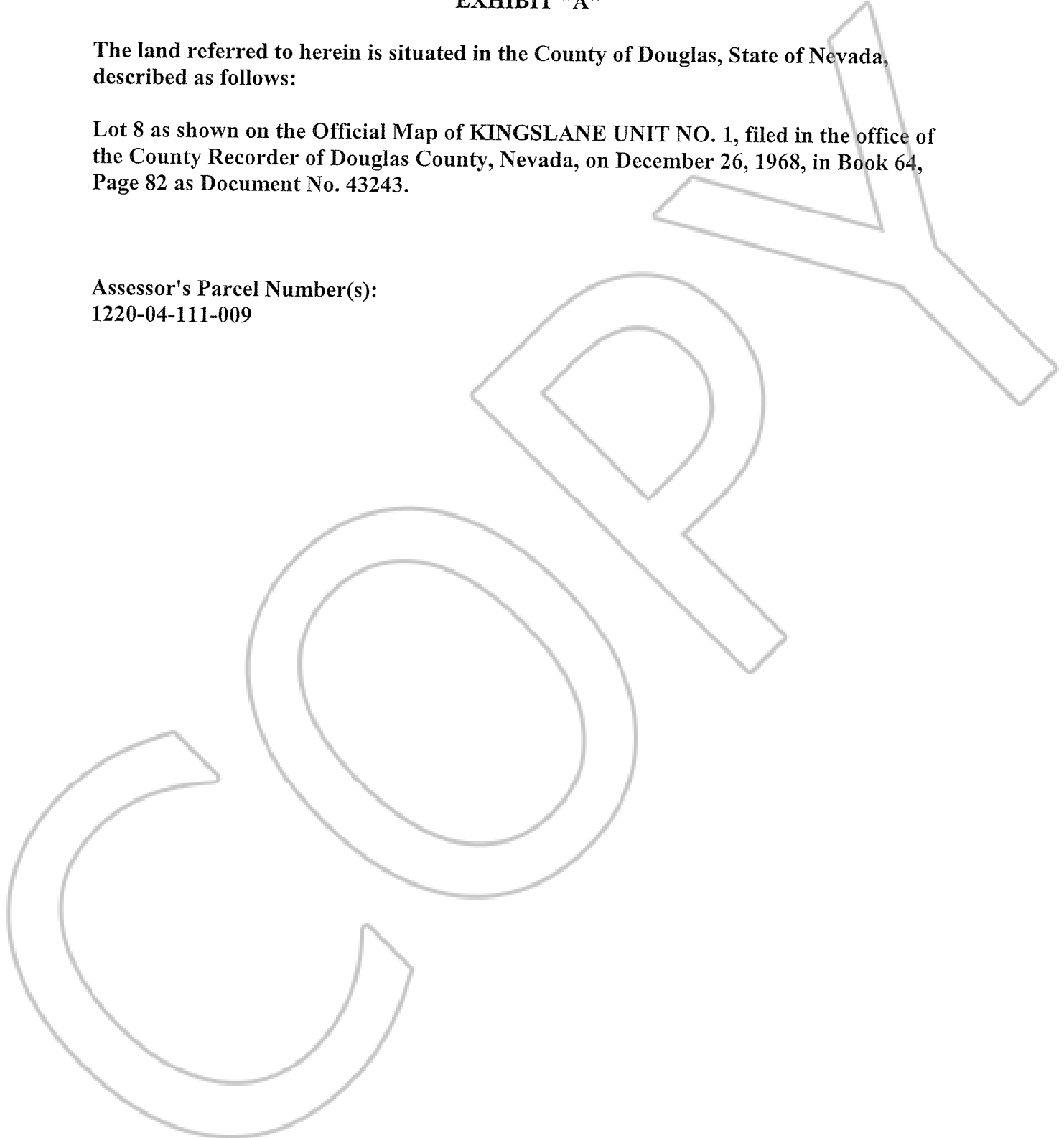


**EXHIBIT "A"**

**The land referred to herein is situated in the County of Douglas, State of Nevada, described as follows:**

**Lot 8 as shown on the Official Map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82 as Document No. 43243.**

**Assessor's Parcel Number(s):  
1220-04-111-009**



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2013015183**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Eugene H ZIERDT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 17, 2013</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 and number) <b>738 Mustang Ln</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>95</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 15, 1918</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>7313</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>738 Mustang Ln</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>Conrad H ZIERDT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Leora H HARSHBERGER</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Anne LUNDIN</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>738 Mustang Ln Gardnerville, Nevada 89410</b>		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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>NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED</b>		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>September 18, 2013</b>		21c. HOUR OF DEATH <b>07:57</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 18, 2013</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>Coronary Atherosclerotic Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:			
STATE REGISTRAR	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.	
	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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



BK 114  
PG-4303

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VRS-Rev-20120523a

**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.

DATE ISSUED: **OCT 16 2013**

STATE REGISTRAR

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

