

**Assessor's Parcel No. 1318-15-611-050
RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Peter Adamco, Esq.

The Law Offices of Peter P. Adamco

P.O. Box 1564

Zephyr Cove, NV 89448



00010212201508588410030030

KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:

TARIUS ANDREAS MACARA

PO Box 773

Zephyr Cove, NV 89448

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)

:ss.

COUNTY OF DOUGLAS)

TARIUS ANDREAS MACARA, being first duly sworn, says:

On January 15, 2001, Beate R. Meiring, as Trustor and Trustee created the Beate 2000 Revocable Trust (the "Trust").

On July 25, 2003, the Trustor recorded a Grant, Bargain and Sale Deed as Document No. 0584431, in the Official Records in the Office of the Douglas County Recorder, conveying all of her right, title and interest to Beate R. Meiring, as Trustee of the Trust, in the below-described real property;

On September 19, 2014, Beate R. Meiring, the said Trustee, the same person as the decedent mentioned in the certified copy of the Certificate of Death, attached hereto, died;


Pursuant to the terms of the Trust, TARIUS ANDREAS MACARA, son of Beate R. Meiring, thereupon became the Trustee of said trust. A Certification of Trust reflecting the status of Tarius Andreas Macara as Successor Trustee is attached hereto.

The property hereinabove mentioned is described as follows:

LOT 8 IN BLOCK D OF ROUND HILL VILLAGE UNIT NUMBER 4,
ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE
COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON
APRIL 25, 1966 IN BOOK 1, AS DOCUMENT NUMBER 31837.

APN 1318-15-611-050

Dated this 12 day of FEBRUARY, 2015.

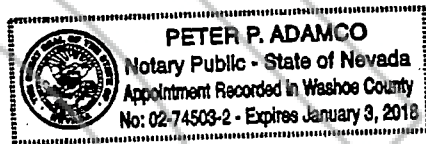

TARIUS ANDREAS MACARA,
Successor Trustee

STATE OF NEVADA)
 :SS.
COUNTY OF DOUGLAS)

On 2.12.15 before me, PETER P. ADAMCO personally appeared TARIUS ANDREAS MACARA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Peter P. Adamco
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014016371
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) Inge-Beate Rosemarie MEIRING		2. DATE OF DEATH (Mo/Day/Year) September 19, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1269 Hidden Woods Dr		3e. If Hosp. or Inst. indicate DOA/OP/Emer: Rm. Inpatient (Specify) Residence	
4. SEX Female		7a. AGE-Last birthday (Years) 71		8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1942	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS: DAYS	
7c. UNDER 1 DAY HOURS: MINS:		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
9a. STATE OF BIRTH (If not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 4375		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Realtor		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 288 Elks Point Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Walter SIMON			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) KRAUSE		
18a. INFORMANT - NAME (Type or Print) Tarius MACARA			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 773, Zephyr Cove, Nevada 89448		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20c. NAME AND ADDRESS OF FACILITY (continued)					
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) STUART SHIPLEY			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) STUART SHIPLEY		
21b. DATE SIGNED (Mo/Day/Yr) October 06, 2014			22b. DATE SIGNED (Mo/Day/Yr) October 06, 2014		
21c. HOUR OF DEATH 13:21			22c. HOUR OF DEATH 13:21		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) September 19, 2014		
22e. PRONOUNCED DEAD AT (Hour) 13:21			23b. LICENSE NUMBER 515		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Stuart Shipley P.O. Box 218 Minden, NV 89423					
24a. REGISTRAR (Signature) NICOLE SHORE			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2014		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) Acute Myocardial Infarction					
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:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Significant Lymphoma					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	
28d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

STATE REGISTRAR

549869

CERTIFIED COPY OF VITAL RECORDS

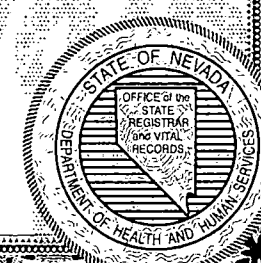
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/16/2014

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE