

**Assessor's Parcel No. 1420-08-213-004  
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



00010214201508588430030034

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 December 30, 2002, the Trustor recorded a Grant, Bargain and Sale Deed as Document No. 0562405, 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 23, IN BLOCK C, OF THE FINAL MAP OF SUNRIDGE HEIGHTS II, PHASE 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 3, 1994, AS DOCUMENT NO. 331447.

APN: 1420-08-213-004

Dated this 12 day of FEBRUARY, 2015.

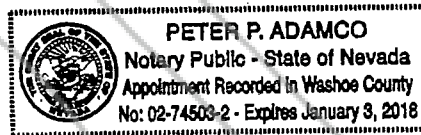
  
TARIUS ANDREAS MACARA,  
Successor Trustee

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) <b>Inge-Beate Rosemarie MEIRING</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 19, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Zephyr Cove</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>1269 Hidden Woods Dr</b>		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Residence</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1942</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Germany</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>4375</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Real Estate Realtor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>288 Elks Point Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Walter SIMON</b>			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>KRAUSE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Tarius MACARA</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 773, Zephyr Cove, Nevada 89448</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89701</b>	
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>	
21. 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) <b>STUART SHIPLEY</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) <b>STUART SHIPLEY</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>October 06, 2014</b>		21c. HOUR OF DEATH <b>13:21</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>October 06, 2014</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>13:21</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>September 19, 2014</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>13:21</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Stuart Shipley P.O. Box 218 Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>515</b>				24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 09, 2014</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>Acute Myocardial Infarction</b> Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Agressive Lymphoma</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

STATE REGISTRAR

3796114

549870

CERTIFIED COPY OF VITAL RECORDS

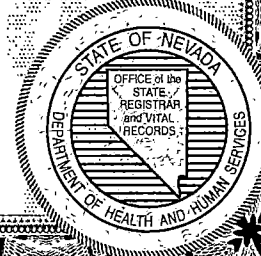
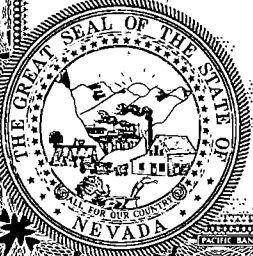
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/16/2014

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE