

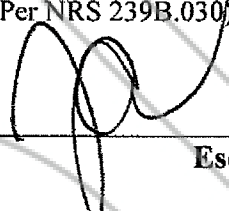
APN# : 1220-24-302-021

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 084305-TEA

When Recorded Mail To:
Petronella Pieter
951 Ranchview Circle
Carson City, NV 89705

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature _____



Traci Adams

Escrow Officer

AFFIDAVIT - DEATH OF TRUSTEE

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

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(space above for Recorder's use only)

AFFIDAVIT – DEATH OF TRUSTEE

Petronella Pieters, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Leopold Pieters, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Leopold Pieters named as Trustee in the Declaration of Trust executed by Leopold Pieters and Petronella Pieters, as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 704 Pinto Circle Gardnerville, NV 89410, which property is described in a Deed which was executed by Leopold Pieters and Petronella Pieters, Grantor to Leopold Pieters and Petronella Pieters, Trustees of The 1995 Pieters Family Trust, as Grantee on April 5, 1995 and recorded as Instrument No. 360311, in Book 0495, Page 2501, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

A portion of the Southwest 1/4 of the Northwest 1/4 and the Northwest 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

Lot 5, as set forth on the Parcel Map for JOSEPH H. BROOKS AND LOIE D. BROOKS, recorded September 20, 1978, in Book 978, Page 1423, Document No. 25437, Official Records of Douglas County, State of Nevada.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 11/10/2016 Petronella Pieters

STATE OF NEVADA)SS

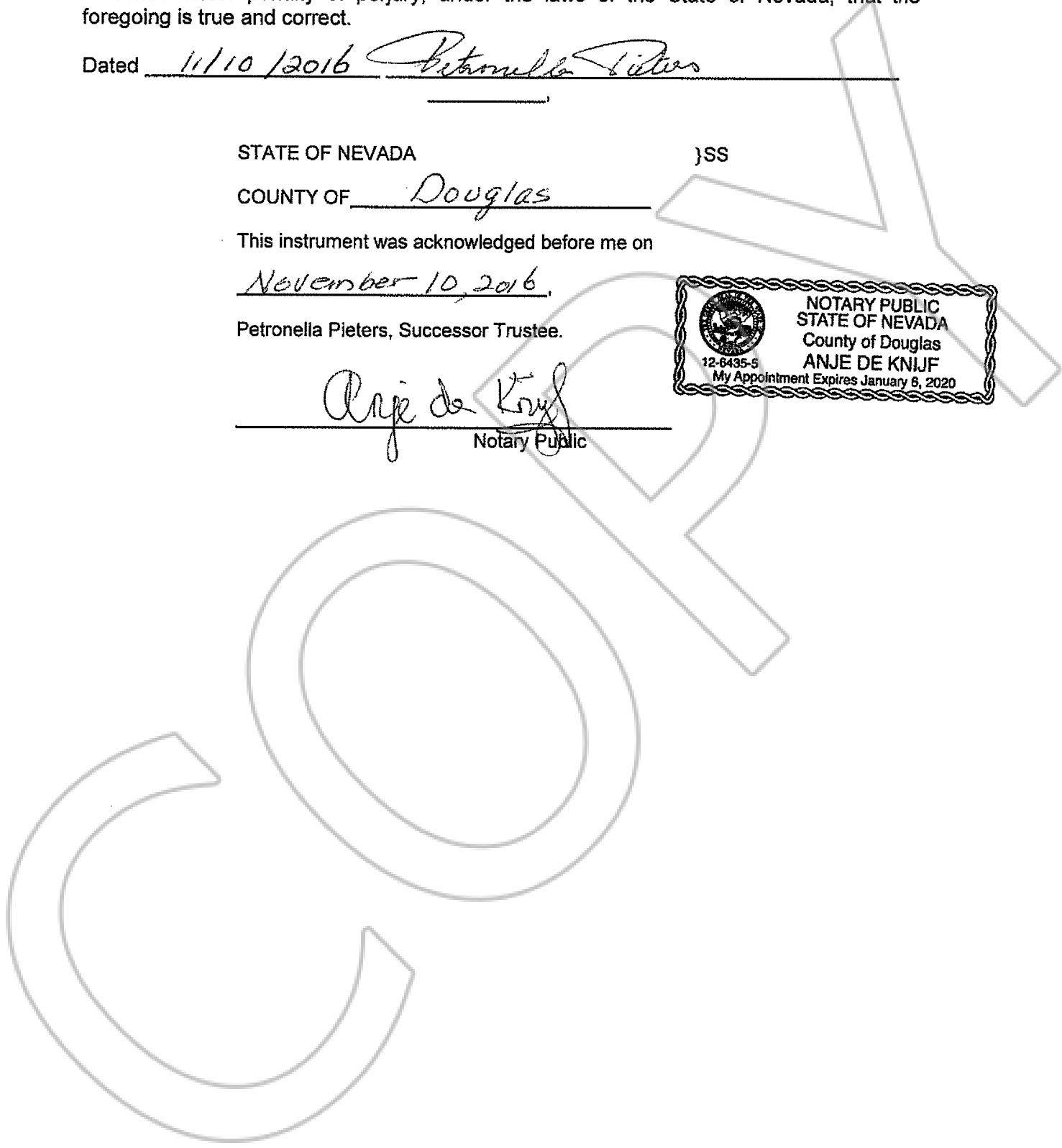
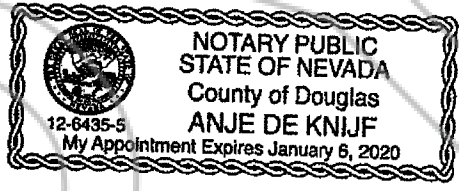
COUNTY OF Douglas

This instrument was acknowledged before me on

November 10, 2016.

Petronella Pieters, Successor Trustee.

Anje de Kroy
Notary Public



CERTIFICATION OF VITAL RECORD

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

2009016965
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Leopold PIETERS		2. DATE OF DEATH (Mo/Day/Year) November 13, 2009		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 704 Pinto Circle		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 07, 1925		9a. STATE OF BIRTH (if not U.S.A., name country) Indonesia		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Petronella SJOUWKE	
PARENTS	13. SOCIAL SECURITY NUMBER 1738		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Warehouseman		14b. KIND OF BUSINESS OR INDUSTRY Electrical Supply	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 704 Pinto Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Leon PIETERS	
	17. MOTHER - NAME (First Middle Last Suffix) Karminah		18a. INFORMANT - NAME (Type or Print) Petronella PIETERS		18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) 704 Pinto Circle Gardnerville, Nevada 89410	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 520		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N.Roop. Carson City NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN LANE PERRY M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 16, 2009		21c. HOUR OF DEATH 10:58	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410		23b. LICENSE NUMBER 6526		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2009		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).)	
	25. IMMEDIATE CAUSE (PART I) (a) Sudden Cardiac Death DUE TO, OR AS A CONSEQUENCE OF: (b) Valvular Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary Disease, Pancreatic Ductulectostia DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Minutes		Interval between onset and death Years	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 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		

STATE REGISTRAR

VRS-Rev-20090802

302948

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: 11/24/2009

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

PRNCO (Rev) 11/06

