

APN# : 1320-26-001-030

Recording Requested By:

Western Title Company

When Recorded Mail To:

Ann Marie Holmgreen

3190 Sheik Drive

Lake Havasu City, AZ 86404

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Ann Marie Holmgreen, of legal age, being first duly sworn, deposes and says:

1. Eugene Edward Niichel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Eugene E. Niichel named as Trustee in the Declaration of Trust dated 7/9/2014 and executed by Eugene E. Niichel and Mary Joan Niichelas 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 1720 N. Benton Road, Minden, NV 89423, which property is described in a Deed which was executed by Eugene Niichel and Mary Niichel as Grantor(s) on July 9, 2014 and recorded as Instrument No. 0846272, in Book 0714, Page 2928, 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:

Lot 6 in Block B as shown on the Final Subdivision Map PD #02-003 for AURORA, a Planned Unit Development filed for record with the Douglas County Recorder September 8, 2003 in Book 903, at Page 3029, as Document No. 589081, Official Records of Douglas County, Nevada and by Certificate of Amendment recorded September 10, 2003 in Book 903, Page 4697, as Document No. 589483, Official Records of Douglas County, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 10/20/17

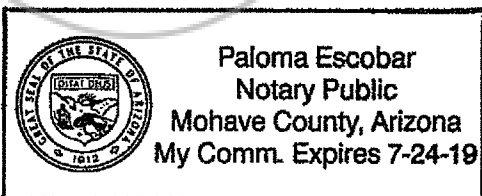
Ann Marie Holmgreen
Ann Marie Holmgreen,

STATE OF Arizona } SS

COUNTY OF Mohave

This instrument was acknowledged before me on 20
October 2017 By Ann Marie Holmgreen.

Paloma Escobar
Notary Public



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2017-030991

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) EUGENE EDWARD NIICHEL			2. AKA'S (IF ANY)			3. DATE OF DEATH 07/07/2017			
4. SEX MALE	5. SOCIAL SECURITY NUMBER: ██████-1626	6. DATE OF BIRTH 06/13/1930	7. AGE 87	8. UNDER 1 YEAR 8. MONTHS: 9. DAYS		10. UNDER 1 DAY 10. HOURS 11. MINUTES			
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER						
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 2265 S JAMAICA BLVD				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: LAKE HAVASU CITY 86406			16. COUNTY OF DEATH: MOHAVE		
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ASHTON, IOWA			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) MARY JOAN O'CONNOR				
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 2265 S JAMAICA BLVD			21. CITY AND COUNTY: LAKE HAVASU CITY, MOHAVE		22. STATE ARIZONA		23. ZIP CODE 86406	24. EVER IN THE ARMED FORCES YES	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:				
28. OCCUPATION: CONTRACTOR			29. FATHER'S NAME (FIRST, MIDDLE, LAST) WILLIAM NIICHEL		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) MARGARET CATHARINE KROGMAN				
31. INFORMANT'S NAME ANN MARIE HOLMGREEN			32. RELATIONSHIP DAUGHTER		33. INFORMANT'S MAILING ADDRESS: 3190 SHEIK DR, LAKE HAVASU CITY, ARIZONA 86404				
34. NAME AND ADDRESS OF FUNERAL FACILITY: RESEARCH FOR LIFE 2230 E. MAGNOLIA ST., PHOENIX, AZ					35. FUNERAL DIRECTOR: EVANGELINA BAEZ, FUNERAL DIRECTOR		36. LICENSE NUMBER: F1002		
37. METHOD(S) OF DISPOSITION DONATION/CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: RESEARCH FOR LIFE, PHOENIX, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: LIFEPLAN CREMATORY, PHOENIX, ARIZONA				
CAUSE OF DEATH PART I									
IMMEDIATE CAUSE OF DEATH	40. A LEFT VENTRICULAR FAILURE				41. APPROXIMATE INTERVAL: MONTHS				
DUE TO OR AS A CONSEQUENCE OF:	42. B SUPRAVENTRICULAR AORTIC STENOSIS				43. APPROXIMATE INTERVAL: YEARS				
DUE TO OR AS A CONSEQUENCE OF:	44. C				45. APPROXIMATE INTERVAL:				
DUE TO OR AS A CONSEQUENCE OF:	46. D				47. APPROXIMATE INTERVAL:				
CAUSE OF DEATH PART II									
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: ATHEROSCLEROTIC CORONARY HEART DISEASE					49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0657	
					53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION									
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: ELIZABETH A. SMITH-TRYON, M.D.				56. DATE CERTIFIED: 07/12/2017	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.				57. CERTIFIER'S ADDRESS: 2082 MESQUITE AVE., STE. 106 LAKE HAVASU CITY, AZ 86403				58. NAME OF REGISTRAR: PATTY MEAD	
								59. DATE REGISTERED: 07/19/2017	

DATE ISSUED: 08/01/2017



J0688130

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE