



KAREN ELLISON, RECORDER

APN: 1318-26-101-026

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe NV 89449-3390

Pursuant to *NRS 239B.030*, the undersigned affirm that this document submitted for recording does not contain the Social Security Number of any person or persons.

DEED OF CORRECTION

This Deed is being recorded to correct the date of death of Co-Trustee, Hannelore Greil of that certain Notice of Death of Co-Trustee dated August 25, 2017, and recorded in the Official Records of Douglas County on September 11, 2017, as Document No. 2017-903828. This Deed shall have the effect of correcting, revoking and superseding Document No. 2017-903828.

NOTICE OF DEATH OF CO-TRUSTEE

WHEREAS FRANZ PETER GREIL and HANNELORE GREIL, husband and wife, executed The Franz Peter Greil and Hannelore Greil 1998 Trust, dated October 2, 1998; and

WHEREAS, the said FRANZ PETER GREIL and HANNELORE GREIL, by that Correction to Grant, Bargain and Sale Deed dated July 19, 2007, transferred all right, title and interest in and to that certain real property commonly known as 108 Hawthorne Way, Stateline, County of Douglas, State of Nevada, unto FRANZ PETER GREIL and HANNELORE GREIL, Trustees under that Declaration of Trust, dated October 2, 1998, said Deed being recorded on August 3, 2007, in Book 0807, Page 01557, as Document No. 0706972 in the Official Records of Douglas County, Nevada, more particularly described in **Exhibit A** attached hereto;

WHEREAS, the said HANNELORE GREIL died on November 4, 2016, being at the time of her death a resident of Douglas County, Nevada. El Dorado County issued a Certificate of Death, number 3201609001069, attached hereto as **Exhibit B** and incorporated herein by reference;

WHEREAS, pursuant to Section 2.C. of The Franz Peter Greil and Hannelore Greil 1998 Trust, after the death of either grantor, the survivor of them shall act as sole Trustee of the Trust; therefore FRANZ PETER GREIL is sole Trustee of The Franz Peter Greil and Hannelore Greil 1998 Trust, dated October 2, 1998.

IN WITNESS WHEREOF, Successor Trustee has executed this document at Douglas County, Nevada on this 4th day of December 2017.

Franz Peter Greil
FRANZ PETER GREIL, Trustee

STATE OF NEVADA)
 :SS.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me this 4th day of December, 2017, by Franz Peter Greil, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SUBSCRIBED and AFFIRMED to before me this 4th day of December 2017.

Judith E. Dupuy
NOTARY PUBLIC

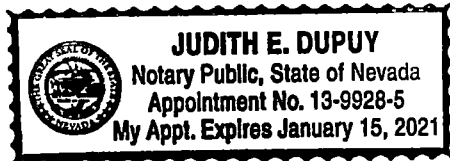


EXHIBIT "A"

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

A portion of Lot 6 of SURVEY MAP NO. 12909 FOR JOHN & MARY PALADY of the Northeast 1/4 of the Northwest 1/4 of Section 26, Township 13 North, Range 18 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows;

Beginning at a point on the Section line between Sections 23 and 26, Township 13 North, Range 18 East, M.D.B. & M., which bears North 89°46' West, 819.00 feet from the quarter corner between said Sections 23 and 26;

Thence South 0°08' West, 1053.99 feet to the true point of beginning;
Thence South 0°08' West, 87.83 feet;
Thence North 89°46' West, 163.80 feet;
Thence North 0°08' East, 87.83 feet;
Thence South 89°46' East 163.80 feet to the true point of beginning.

EXCEPTING THEREFROM all of the minerals and mineral ores of any kind, nature and description, on or beneath the surface of said lands, and of the right to prospect for, mine and remove said minerals and mineral ores which said minerals and mineral ores and said excluded rights are specifically reserved unto party of the first part as set forth in Deed executed by Clover Valley Lumber Company, recorded December 20, 1947 in Book Y of Deeds at Page 321 as Document No. 6199.

Legal Description was taken from a deed recorded in the Office of the Douglas County Recorder, State of Nevada on August 3, 2007 in Book 0807 at Page 1559 as Document number 0706972.

COPY

EXHIBIT B

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

3052016221302

CERTIFICATE OF DEATH

3201609001069

1 NAME OF DECEASED - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
HANNELORE		-		GREIL-LEDERER	
4A. AL SO KNOWN AS - include IIR AKA (FIRST, MIDDLE, LAST)				4 DATE OF BIRTH - month/day	5 AGE Yrs
-				09/22/1934	82
9 BIRTH STATE, PROVINCE, COUNTRY		10 SOCIAL SECURITY NUMBER	11 EVER IN U.S. ARMED FORCES?	12 MARITAL STATUS (SHP) at time of death	7 DATE OF DEATH - month/day
GERMANY		6322	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	11/04/2016
13 EDUCATION - Highest Level Degree (see instructions on back)		14 YEARS DECEASED HISPANIC/LATINO/SPANISH? If yes, see instruction on back		18 DECEASED'S RACE - Up to 3 races may be listed (See instruction on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)		19 YEARS IN OCCUPATION
HOMEMAKER			HOMEMAKING		40
20 DECEASED'S RESIDENCE (Street and number, or building)					
108 HAWTHORNE WAY					
21 CITY		22 COUNTY PROVINCE		23 ZIP CODE	24 YEARS IN COUNTY
STATELINE		DOUGLAS		89449	47
25 STATE, PROVINCE, COUNTRY		27 INFORMANT'S MAILING ADDRESS (See instruction and number of rural route number, city or town, state and zip)			
NV		PO BOX 4189, STATELINE, NV 89449			
26 INFORMANT'S NAME, RELATIONSHIP			27 INFORMANT'S MAILING ADDRESS (See instruction and number of rural route number, city or town, state and zip)		
PETER GREIL, HUSBAND			PO BOX 4189, STATELINE, NV 89449		
28 NAME OF SURVIVING SPOUSE/SPOUSE-TO-BE		29 MIDDLE	30 LAST (BIRTH NAME)		
PETER		FRANZ	GREIL		
31 NAME OF FATHER-IN-LAW		32 MIDDLE	33 LAST		
HANS		-	LEDERER		
34 BIRTH STATE		35 NAME OF MOTHER-IN-LAW		36 MIDDLE	37 LAST (BIRTH NAME)
GERMANY		MARGHERETE		-	POLSTER
38 BIRTH STATE		39 BIRTH STATE			
GERMANY		GERMANY			
36 DISPOSITION DATE - month/day		40 PLACE OF FINAL DISPOSITION RES. PETER GREIL			
11/15/2016		108 HAWTHORNE WAY, STATELINE, NV 89449			
41 TYPE OF DISPOSITION		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED		-	
44 NAME OF FUNERAL HOME (See instruction)		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL HEALTH TRAINER	
LAKE TAHOE BURIAL AND CREMATION SOCIETY		FD2242		NANCY J WILLIAMS, MD, MPH	
47 DATE - month/day		48 DATE - month/day			
11/15/2016		11/15/2016			
49 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE	
BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> CLINIC <input type="checkbox"/> DONA <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE BODILY REMAINS WERE STORED		106 CITY	
EL DORADO		2170 SOUTH AVE.		SOUTH LAKE TAHOE	
107 CAUSE OF DEATH		108 CAUSE OF DEATH			
IMMEDIATE CAUSE (First disease or condition resulting in death)		109 DEATH REPORTED TO CORONER (R) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RENAL FAILURE		110 BODY PERFORMED (R) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HYPERTENSION		111 AUTOPSY PERFORMED (R) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
TYPE II DIABETES		112 CORPSE IN DETRAINING CASE? (R) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 107)		113 WAS OPERATION PERFORMED FOR ANY CONDITION (IF ITEM 112 OR 117? If yes, list type of operation and date)			
NONE		NO			
114 IDENTIFY THIS TO THE BEST OF MY KNOWLEDGE (Given occupied by - If you are unsure, indicate on the back of this certificate)		115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER	
Docent's Attended Since: 01/10/2009		Docent's Last Seen Alive: 11/02/2016		STEVEN LAURENCE BROOKS M.D.	
117 DATE - month/day		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119 SIGNATURE OF PHYSICIAN	
01/10/2009		11/02/2016		PO BOX 5637, STATELINE, NV 89449	
120 MANNER OF DEATH (See instruction)		121 PLACED AT WORK?		122 INJURY DATE - month/day	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		-	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124 DESCRIBE HOW INJURY OCCURRED (Specify which resulted in injury)			
-		-			
125 LOCATION OF INJURY (Street and number, or location, and city and zip)					
-					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE - month/day		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-		-	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
-		-		-	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED **NOV 21 2016**

Nancy Williams
 NANCY J WILLIAMS, MD, MPH
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border displaying the date, seal, and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

