

APN: 1320-35-001-043



KAREN ELLISON, RECORDER

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Sabine M. Henkel, Trustee
1526 Wildflower Court
Gardnerville, NV 89410

The parties executing this document hereby affirm that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

SABINE M. HENKEL, being first duly sworn, depose and say:

1. That the KLAUS P. HENKEL DECLARATION OF TRUST DATED JULY 12, 1995, was created on July 12, 1995, by KLAUS P. HENKEL, as Grantor and Trustee.
2. That Grantor and Trustee, KLAUS P. HENKEL, died on November 16, 2018, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as Exhibit "1."
3. That the currently acting Trustee of said Trust is SABINE M. HENKEL.
4. That said Trust is the owner of all that certain parcel of real property situated in Douglas County, State of Nevada, more particularly described as follows:

Lot 5, in Block F, as shown on the map of WILDFLOWER RIDGE, UNIT 5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2543, Document No. 241310.

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(Pursuant to NRS 111.312 this legal description was previously recorded on March 27, 1996, as Document No. 384149 in the records of the Office of the Recorder of Douglas County, State of Nevada.)

5. That the KLAUS P. HENKEL DECLARATION OF TRUST DATED JULY 12, 1995 is irrevocable.

6. That this Affidavit has been executed in under the laws of the State of Nevada.

7. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

DATED on March 8th, 2019.

Sabine M. Henkel
SABINE M. HENKEL, Trustee

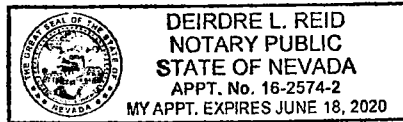
STATE OF NEVADA)
 : ss.
CARSON CITY)

On March 8, 2019, personally appeared before me, a notary public, SABINE M. HENKEL, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Deirdre L. Reid

NOTARY PUBLIC

4817-9291-6357, v. 1



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4050963

CERTIFICATE OF DEATH

2018022086
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Klaus-Peter HENKEL		2 DATE OF DEATH (Mo/Day/Year) November 16, 2018		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Carson Valley Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
DECEDENT	4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 79		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) January 28, 1939		9a STATE OF BIRTH (If not US/CA, name country) Germany		9b CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sabine Marianne SCHOLTZ	
PARENTS	13 SOCIAL SECURITY NUMBER ██████-8720		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 1526 Wildflower Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Wilhelm HENKEL	
	17 MOTHER/PARENT -NAME (First Middle Last Suffix) Maria MAY		18a INFORMANT - NAME (Type or Print) Sabine HENKEL		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1526 Wildflower Court Gardnerville, Nevada 89410	
TRADE CALL	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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) TREVOR PHAN MD SIGNATURE AUTHENTICATED		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)			
	21b DATE SIGNED (Mo/Day/Yr) November 16, 2018		21c HOUR OF DEATH 01:10		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Trevor Phan MD 801 W Williams Ave Fallon, NV 89406		23b LICENSE NUMBER 12765	
CAUSE OF DEATH	24a REGISTRAR (Signature) FRED QUIHUIS SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 20, 2018		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) Metabolic Encephalopathy DUE TO, OR AS A CONSEQUENCE OF (b) Hypnatremia DUE TO, OR AS A CONSEQUENCE OF (c) Acute Renal Failure DUE TO, OR AS A CONSEQUENCE OF (d) Large Bowel Obstruction		Interval between onset and death Days Interval between onset and death Days Interval between onset and death Days Interval between onset and death Days			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Aspiration Pneumonia, Parkinson Disease, Urinary Tract Infection, Fecal Impaction		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



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: **NOV 27 2018**

Julie Katchear
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

