

APN: 1219-04-002-008

WHEN RECORDED RETURN TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Carole Talan, Trustee
1299 Kingsbury Grade
Gardnerville, NV 89460

The person executing this document hereby affirms 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)

CAROLE TALAN being first duly sworn, deposes and says:

1. That THE HANS J. PRAKELT FAMILY TRUST was created on September 9, 2007 and amended and restated in its entirety on November 24, 2014, by HANS J. PRAKELT, as Grantor and as one of the Co-Trustees with CAROLE TALAN as the other Co-Trustee.
2. That Grantor and Trustee, HANS J. PRAKELT, died on June 3, 2019, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.
3. That said Trust is the owner of an undivided 2/3 interest in that certain parcel of real property located in Douglas County, State of Nevada, more particularly described as follows:

ALL THAT CERTAIN REAL PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

ALL THAT CERTAIN LOT, PIECE, PARCEL OR PORTION OF LAND SITUATE, LYING AND BEING WITHIN THE NORTHEAST ¼ OF THE SOUTHEAST ¼ OF SECTION 4, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.M., DOUGLAS

COUNTY, NEVADA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE EAST ¼ CORNER OF SAID SECTION 4; THENCE ALONG THE NORTHERLY LINE OF SAID NORTHEAST ¼ OF THE SOUTHEAST ¼ SOUTH 89°58'35" WEST A DISTANCE OF 170.28 FEET TO THE NORTHEAST CORNER OF THE HEREIN DESCRIBED PARCEL AND THE TRUE POINT OF BEGINNING; THENCE LEAVING SAID LINE SOUTH 00°14'29" EAST A DISTANCE OF 80.00 FEET; THENCE SOUTH 21°00'06" EAST A DISTANCE OF 338.97 FEET TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE OF KINGSBURY GRADE; THENCE ALONG SAID LINE NORTH 44°27'00" WEST A DISTANCE OF 555.20 FEET TO A POINT ON THE NORTHERLY LINE OF SAID NORTHEAST ¼ OF THE SOUTHEAST ¼; THENCE ALONG SAID LINE NORTH 89°58'35" EAST A DISTANCE OF 266.98 FEET TO THE TRUE POINT OF BEGINNING SUBJECT TO A PRIVATE ACCESS EASEMENT OVER A TRIANGULAR PARCEL OF LAND IN THE NORTHWEST CORNER OF THE ABOVE DESCRIBED PARCEL AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE EAST ¼ CORNER OF SAID SECTION 4; THENCE ALONG THE NORTHERLY LINE OF SAID NORTHEAST ¼ OF THE SOUTHEAST ¼ SOUTH 89°58'35" WEST A DISTANCE OF 408.69 FEET TO THE TRUE POINT OF BEGINNING; THENCE LEAVING SAID LINE SOUTH 45°33'00" WEST A DISTANCE OF 20.40 FEET TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE OF KINGSBURY GRADE; THENCE ALONG SAID LINE NORTH 44°27'00" WEST A DISTANCE OF 20.00 FEET TO THE NORTHWEST CORNER OF THE ABOVE DESCRIBED PARCEL; THENCE ALONG THE NORTH LINE THEREOF NORTH 89°58'35" EAST A DISTANCE OF 28.57 FEET TO THE TRUE POINT OF BEGINNING.

ALSO BEING SUBJECT TO THAT CERTAIN 40.00 WIDE PRIVATE ACCESS EASEMENT AS DESCRIBED IN DEED FILED FOR RECORD IN BOOK 292 AT PAGE 825, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA REFERENCE IS MADE TO 'ADJUSTED PARCEL C" OF RECORD OF SURVEY FOR BOUNDARY LINE ADJUSTMENT. FILED FOR RECORD JANUARY 10, 1994 IN BOOK 194 OF OFFICIAL RECORDS AT PAGE 1598, AS DOCUMENT NO. 327221.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED DECEMBER 23, 2011, IN BOOK 1211, PAGE 4986, AS INSTRUMENT NO. 0794715.

4. That due to the passing of HANS J. PRAKELT, CAROLE TALAN is the currently acting sole Trustee of THE HANS J. PRAKELT FAMILY TRUST.

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

Further, Affiant sayeth naught.

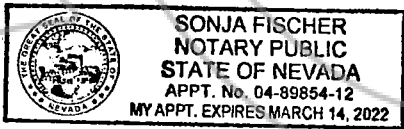
DATED this 4 day of September, 2019.



CAROLE TALAN, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On September 4, 2019, personally appeared before me, a notary public, CAROLE TALAN, 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.





NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4085290

CERTIFICATE OF DEATH

2019011000

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RECORDING
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) Hans Juergen PRAKELT		2. DATE OF DEATH (Mo/Day/Year) June 03, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 1299 Kingsbury Grade Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) January 16, 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) Carole SMITHERS	
13. SOCIAL SECURITY NUMBER 9091		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Investor		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1299 Kingsbury Grade Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilhelm PRAKELT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Erika DENNERLEIN		
18a. INFORMANT- NAME (Type or Print) Carole TALAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1299 Kingsbury Grade Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) NITA SCHWARTZ 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) June 04, 2019		21c. HOUR OF DEATH 13:08		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 05, 2019		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) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				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.				26. AUTOPSY (Specify Yes or No) No	
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	

000784973



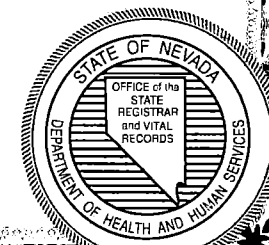
CERTIFIED COPY OF VITAL RECORDS

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: **9/4/2019**

Janey J. ...
Administrator
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]