

APN# 1220-17-710-013



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Lois J. Hieb

Address: 1110 Azul Way

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Lois J. Hieb

Address: 1110 Azul Way

City/State/Zip: Gardnerville, NV 89460

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Lois J. Hieb  
Signature

Lois J. Hieb  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Recording requested by:

Lois J. Hieb

And when recorded, mail to:

Lois J. Hieb  
1110 Azul Way  
Gardnerville, NV 89460

APN: 1220-17-710-013

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
 ) ss.  
County of Douglas )

Lois J. Hieb, of legal age, being first duly sworn, deposes and says:

1. Chester George Hieb, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Chester Hieb named as Trustee in the Declaration of Trust dated July 22, 1997, and executed by Chester Hieb and Lois J. Hieb as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1110 Azul Way, Gardnerville, NV 89460, which property is described in a Deed which was executed by Chester Hieb and Lois Hieb, husband and wife as joint tenants, as Grantors on July 22, 1997, and recorded as Document No. 0418084, in Book 0797, Page 4613, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 14, Block D, as shown on the official map of CHAMBERS FIELD SUBDIVISION, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 9, 1979 as Document No. 28862.  
RESRVING THEREFROM: Surface water rights as conveyed in Document recorded April 17, 1979, in Book 479 of Official Records at Page 900, Douglas County, Nevada as Document No. 31617
4. I am the named surviving 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

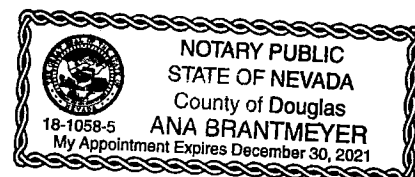
Dated 12-17-19

Lois J. Hieb  
Lois J. Hieb

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of December, 2019, by Lois J. Hieb, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature ANA BRANTMEYER



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4114588

**CERTIFICATE OF DEATH**

2019022904  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE 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) <b>Chester George HIEB</b>		2 DATE OF DEATH (Mo/Day/Year) <b>November 17, 2019</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Valley Medical Center</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	
4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>88</b>		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>March 08, 1931</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>South Dakota</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>14</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lois J ALLEN</b>	
13 SOCIAL SECURITY NUMBER <b>██████████-6684</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>PURCHASING AGENT</b>		14b KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>1110 Azul Way</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>William HIEB</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ida HOTTMAN</b>		
18a INFORMANT - NAME (Type or Print) <b>Lois J HIEB</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1110 Azul Way Gardnerville, Nevada 89460</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706</b>	
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) <b>TREVOR PHAN MD</b>			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) <b>November 20, 2019</b>		21c HOUR OF DEATH <b>21:35</b>		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) <b>Trevor Phan MD 801 W Williams Ave Fallon, NV 89406</b>				23b LICENSE NUMBER <b>12765</b>	
24a REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 21, 2019</b>		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		Interval between onset and death	
(a) <b>Comatose</b>				Hours	
(b) <b>Acute Intra-cranial Hemorrhage</b>				Interval between onset and death	
(c) <b>Close Head Injury</b>				Hours	
(d) <b>Hypertension</b>				Interval between onset and death	
				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 <b>Hypothyroidism</b>				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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	

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: 12/5/2019

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

*Blaise Satariano*  
Administrator

