

WHEN RECORDED MAIL TO:  
**Betty Hundrieser, Surviving Trustee of  
The K & B Hundreiser Family Living  
Trust dated September 2, 1998  
3651 Shawnee Dr  
Carson City, NV 89705**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01906608RLT

APN No.: 1420-28-510-050

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada                    }  
County of **Douglas**                }

Betty Hundrieser, being duly sworn, deposes and says:

1. Kenneth Hundrieser, the decedent mentioned in attached copy of Certificate of Death, is the same person as Kenneth Hundreiser named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated April 29, 2004, executed by David L Shriver and Robin T Shriver, Husband and Wife. to Kenneth Hundrieser and Betty Hundrieser, Trustees of the K&B Family Living Trust dated September 2, 1998 , recorded on May 6, 2004 as instrument number 0612415, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Betty Hundrieser, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

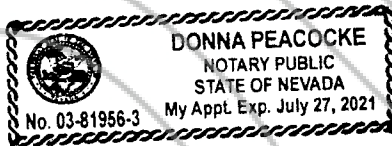
Dated: December 4, 2019

Betty Hundrieser  
Betty Hundrieser, Surviving Trustee

STATE OF NEVADA  
COUNTY OF ~~DOUGLAS~~ } Carson City } ss:

This instrument was acknowledged before me on 12-09-2019,  
by Betty Hundrieser.

Donna Peacocke  
NOTARY PUBLIC



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

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

*not a copy*

CASE FILE NO. 3902113

**CERTIFICATE OF DEATH**

**2016011854**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kenneth Dale HUNDRIESER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 04, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 3e. If Hoosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Continuicare Hospital of Carson Tahoe, Inc. Inpatient</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 26, 1931</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (If not name prior to first marriage) <b>Betty Marie WEBER</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>6526</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Sales</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3651 Shawnee Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry HUNDRIESER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Theresa SCHMIDT</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Betty HUNDRIESER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3651 Shawnee Drive Carson City, Nevada 89705</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Los Gatos Memorial Park</b>		19c. LOCATION City or Town State <b>San Jose California 95124</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>DAVID M MILLER 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>July 05, 2016</b>		21c. HOUR OF DEATH <b>11:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) <b>David M Miller MD 1600 Medical Pkwy Carson City NV 89703</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>15503</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 06, 2016</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 (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Multiple Drug Resistant Bacterial Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Hypoxic Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Metabolic Encephalopathy</b>			
STATE REGISTRAR	25. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Chronic Systolic Congestive Heart Failure; Unknown Etiology</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, HOMICIDE, 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

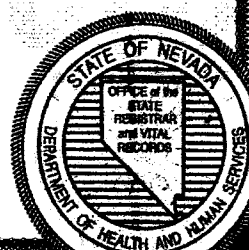
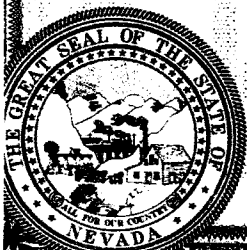
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**JUL 21 2016**

STATE REGISTRAR

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



VRS-Rev-20120523a

Escrow No. 1906608-RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Lot 24 in Block B as set forth on the official plat of MISSION HOT SPRINGS UNIT NO. 1, filed in the office of the Recorder of Douglas County, Nevada on July 1, 1987 in Book 787 at Page 001 as Document No. 157492 of Official Records, and that certain Certificate of Amendment recorded October 19, 1990 in Book 1090 at Page 2957 as Document No. 237003.

APN: 1420-28-510-050

