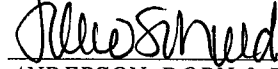


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1220-01-001-016

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Susan Eissmann-Pence
1905 Currant Court
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, SUSAN EISSMANN-PENCE, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated September 21, 1999, RALPH EISSMANN and I executed the EISSMANN/PENCE FAMILY LIVING TRUST (the "Trust").

(2) RALPH EISSMANN deceased on August 16, 2019, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto is a certified copy of the death certificate of said RALPH EISSMANN.

(3) Said trust appointed me to serve as sole Trustee upon the death of RALPH EISSMANN.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

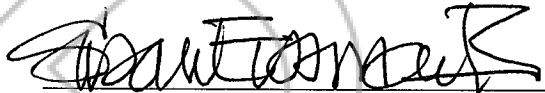
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on February 6, 2020.



SUSAN EISSMANN-PENCE, Trustee

STATE OF NEVADA)

) ss:

COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on February 6, 2020, by SUSAN EISSMANN-PENCE, Trustee.



Notary Public



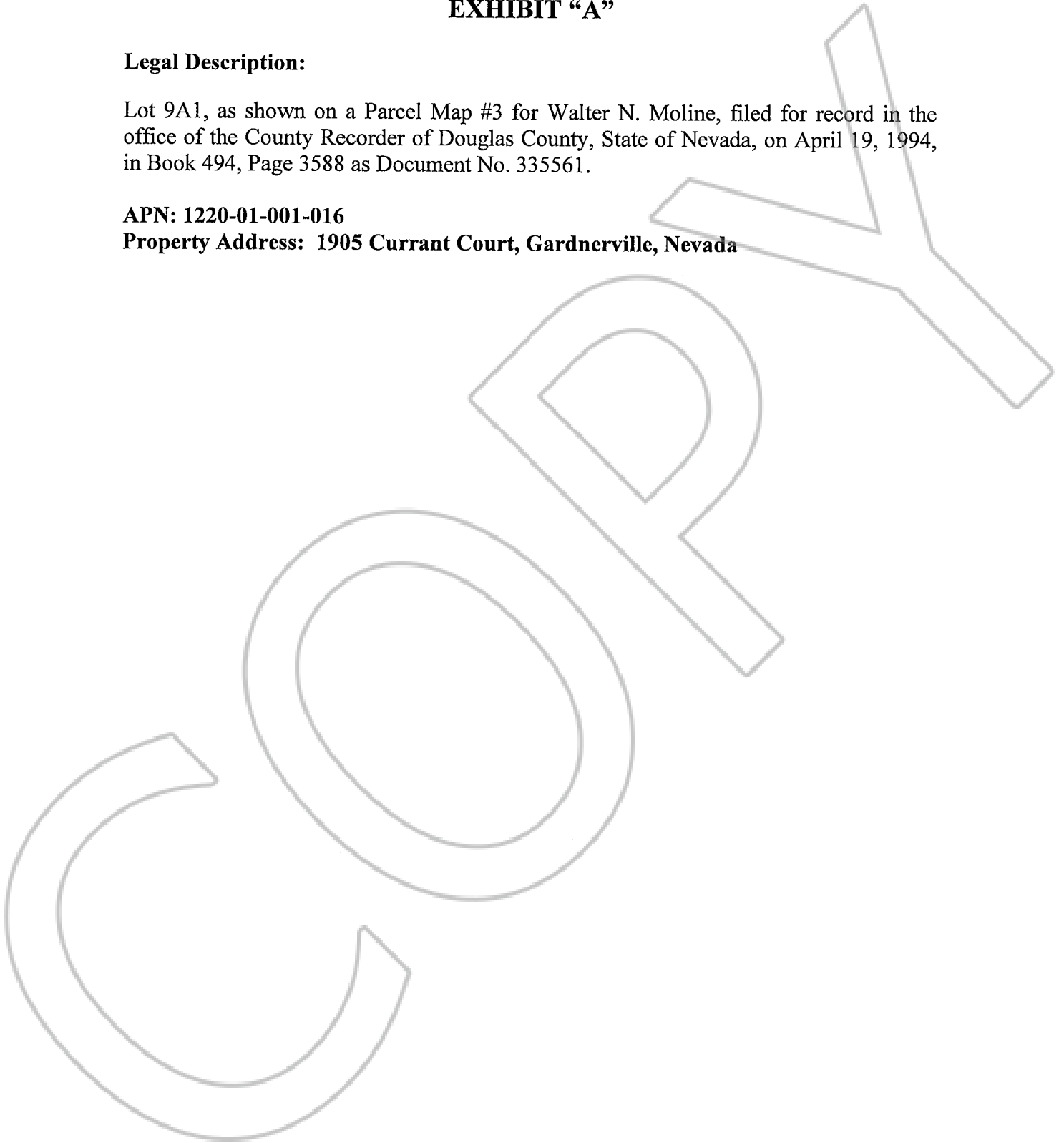
EXHIBIT "A"

Legal Description:

Lot 9A1, as shown on a Parcel Map #3 for Walter N. Moline, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 19, 1994, in Book 494, Page 3588 as Document No. 335561.

APN: 1220-01-001-016

Property Address: 1905 Curreant Court, Gardnerville, Nevada



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4098879

CERTIFICATE OF DEATH

2019016632

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) Ralph Erwin EISSMANN		2. DATE OF DEATH (Mo/Day/Year) August 16, 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 ar number) 1905 Currant Ct.		3e. If Hosp. or Inst. indicate DOA/OP/Emar. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 28, 1925		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan PENCE	
13. SOCIAL SECURITY NUMBER 3298		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ARCHITECT		14b. KIND OF BUSINESS OR INDUSTRY BUILDING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1905 Currant Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William EISSMANN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frieda KLEINKNECHT		
18a. INFORMANT - NAME (Type or Print) Susan EISSMANN-PENCE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1905 Currant Ct Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
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) REED DOPF 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) August 23, 2019		21c. HOUR OF DEATH 11:38		22b. DATE SIGNED (Mo/Day/Yr)	
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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 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) Respiratory Arrest				Interval between onset and death	
(b) Chronic Unspecified Heart Failure				Interval between onset and death	
(c) Chronic Cardiomyopathy				Interval between onset and death	
(d) Atherosclerotic Heart Disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Neuromuscular Degeneration Unspecified, Stroke				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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	

000783201



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: **8/23/2019**

Susan J. ...
Administrator
STATE REGISTRAR

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

