

APN# 1220-16-710-074



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Andrew Stier

Address: 3750 Fremantle Dr.

City/State/Zip: Palm Harbor, FL 34684

Mail Tax Statements to:

Name: Andrew Stier

Address: 3750 Fremantle Dr.

City/State/Zip: Palm Harbor, FL 34684

Affidavit 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)

Signature

Andrew Stier

Printed Name

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

Recording requested by:

Andrew Stier

And when recorded, mail to:

Andrew Stier
3750 Fremantle Dr.
Palm Harbor, FL 34684

APN: 1220-16-710-074

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Florida)
) ss.
County of Pinellas)

Andrew Stier, of legal age, being first duly sworn, deposes and says:

1. Christopher John Stier, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Christopher J. Stier as Trustee in the Declaration of Trust dated December 27, 2018, and executed by Christopher J. Stier as Grantor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 849 Arrowhead Drive, Gardnerville, NV 89460, which property is described in a Deed which was executed by Christopher Stier, a single man, as Grantor on December 27, 2018, and recorded as Instrument No.2018-923982, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 4, in Block D, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, according to the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, Page 55, as Filing No. 35914.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

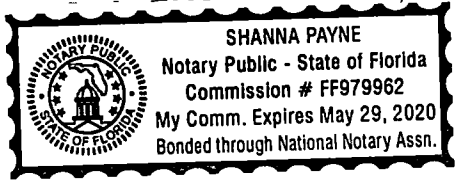
Dated 2-4-2020

Andrew Stier
Andrew Stier

State of Florida
County of Pinellas

Subscribed and sworn to (or affirmed) before me on this 4th day of February, 2020, by Andrew Stier, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Shanna Payne



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2019016479

Christopher John Stier

DECEDENT INFORMATION

Date of Death:	November 10, 2019	Time of Death:	00:25
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	63	Date of Birth:	March 16, 1956
Place of Birth:	Seattle, Washington	Sex:	Male
Armed Services:	Yes	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Machinist
Industry/Business:	Manufacturing	Education:	Associate Degree
Residence:	Gardnerville, Nevada	Parent or Father:	John Joseph Stier
Parent or Mother:	Patricia Lee Hays	Facility Type:	Hospital Inpatient
Facility or Address:	University of Utah Hospital		

INFORMANT INFORMATION

Name:	Andrew Stier	Relationship:	Brother
Mailing Address:	3750 Fremantle Drive, Palm Harbor, Florida 34684		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Leavitt's Crematory, Ogden, Utah
Date of Disposition: November 19, 2019

FUNERAL HOME INFORMATION

Funeral Home: Leavitts Mortuary
Address: 836 36th Street, , Ogden, Utah 84403
Funeral Director: James B Hines

MEDICAL CERTIFICATION

Medical Professional: Aidin Iravani MD, 26 North Medical Drive, Rm 743, Salt Lake City, Utah 84132

CAUSE OF DEATH

Hemorrhagic Shock
Due to (or as a consequence of): Gastrointestinal Bleed
Due to (or as a consequence of): Esophagogastric Cancer
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: November 19, 2019

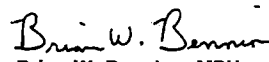
Date Issued: January 15, 2020

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Winger LCSW
State Registrar
Rev. 4/19



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Brian W. Bennion, MPH
Director/Health Officer
County Health
Department

