

APN# : 1320-32-114-018

DOUGLAS COUNTY, NV

2020-942672

Rec:\$40.00

\$40.00

Pgs=4

02/24/2020 03:08 PM

ETRCO

KAREN ELLISON, RECORDER

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Beverly A. Tietje

1564 County Road

Minden NV 89423

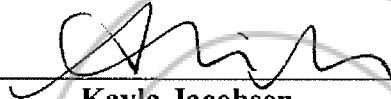
**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Kayla Jacobsen

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Beverly A. Tietje, of legal age, being first duly sworn, deposes and says:

1. LeRoy J. Tietje, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LeRoy J. Tietje named as Trustee in the Declaration of Trust dated 7/29/1997 and executed by LeRoy J. Tietje or Beverly A. Tietje, Trustees or successor trustees of the Tietje Trust dated July 29, 1997 as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1564 County Road Minden, NV 89423, which property is described in a Deed which was executed by LeRoy J. Tietje and Beverly A. Tietje, husband and wife as joint tenants as Grantor(s) on July 29, 1997 and recorded as Instrument No. 0418274, in Book 0797, Page 5155, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

Lot 5 in Block C as shown on the map of SOUTH ADDITION TO THE TOWN OF MINDEN, filed in the office of the County Recorder of Douglas County, State of Nevada on April 9, 1957.

4. I am the named successor 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 2/11/2020 Beverly A. Tietje  
Beverly A. Tietje,

STATE OF NEVADA }SS

COUNTY OF Carson city

This instrument was acknowledged before me on 2/11/2020 By Beverly A. Tietje.

[Signature]  
Notary Public

 KAYLA JACOBSEN  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 16-1289-5 - Expires January 20, 2024



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2009010119  
STATE FILE NUMBER

TYPE OR  
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  
HAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>LaRoy John TIETJE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 05, 2009</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 and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DGA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR (MOS   DAYS   HOURS   MINS)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY (MOS   DAYS   HOURS   MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 21, 1936</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Beverly Ann PRIEN</b>	
13. SOCIAL SECURITY NUMBER <b>1517</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Department Of Transportation</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Of Nevada</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1564 County Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>John George TIETJE</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Mable SCHACHT</b>		18a. INFORMANT - NAME (Type or Print) <b>Beverly Ann TIETJE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P/O Box 304 Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>390 E. Moana Ln. Suite D1 Reno NV 89502</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>VIJAY MAIYA</b> 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) <b>July 10, 2009</b>		21c. HOUR OF DEATH <b>08:45</b>		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>	
23b. LICENSE NUMBER <b>11909</b>		24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 15, 2009</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>Cardiac Arrest</b>			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(b) <b>Septic Shock</b>			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(c)			
		DUE TO, OR AS A CONSEQUENCE OF:			
		(d)			
		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
		28a. DATE OF INJURY (Mo/Day/Yr)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3004650

284046

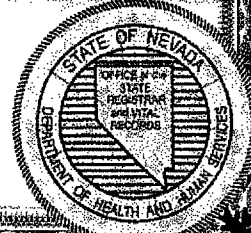
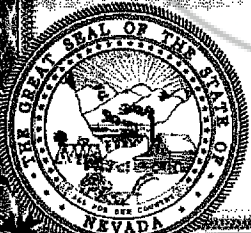
CERTIFIED COPY OF VITAL RECORDS

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: 08/18/2009

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

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20090802