

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: 1318-15-210-004

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:

RITA L. BIENZ, Trustee
P.O. Box 748
Zephyr Cove, NV 89448

AFFIDAVIT OF DEATH OF TRUSTEE

I, RITA L. BIENZ, 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 May 31, 1991, JOSEPH M. BIENZ and I executed THE BIENZ FAMILY TRUST AGREEMENT (the "Trust").

(2) JOSEPH M. BIENZ deceased on April 18, 2020, at Zephyr Cove, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said JOSEPH M. BIENZ.

(3) Said trust appointed me to serve as sole Trustee upon the death of JOSEPH M. BIENZ.

(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 June 19, 2020.



RITA L. BIENZ, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on June 19, 2020, by RITA L. BIENZ, Trustee.



Notary Public



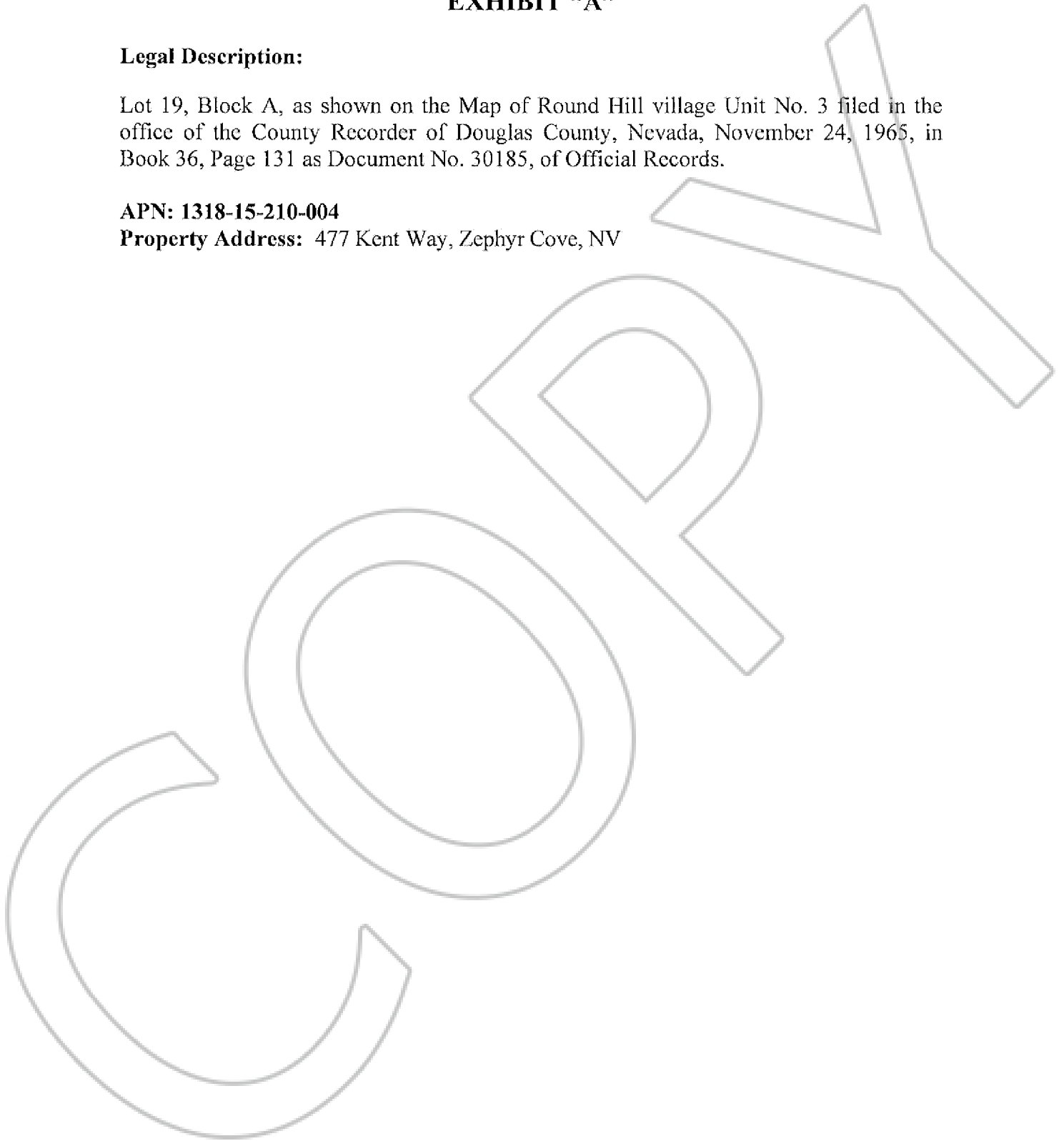
EXHIBIT "A"

Legal Description:

Lot 19, Block A, as shown on the Map of Round Hill village Unit No. 3 filed in the office of the County Recorder of Douglas County, Nevada, November 24, 1965, in Book 36, Page 131 as Document No. 30185, of Official Records.

APN: 1318-15-210-004

Property Address: 477 Kent Way, Zephyr Cove, NV



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

202008172
STATE FILE NUMBER

CASE FILE NO. 4140844

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) Joseph Marius BIENZ			2. DATE OF DEATH (Mo/Day/Year) April 18, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 477 Kent Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MIN	8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1930
9a. STATE OF BIRTH (if not US/CA, name country) Switzerland		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rita L STRAUB
13. SOCIAL SECURITY NUMBER 8931		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Hotel Management			14b. KIND OF BUSINESS OR INDUSTRY HOTEL	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Zephyr Cove		15d. STREET AND NUMBER 477 Kent Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Viktor BIENZ				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise BOSCH		
18a. INFORMANT- NAME (Type or Print) Rita L BIENZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 748 Zephyr Cove, Nevada 89448				
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) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
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) STEVEN L BROOKS 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) April 22, 2020		21c. HOUR OF DEATH 01:02		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Steven L Brooks MD PO Box 5637 Stateline, NV 89449					23b. LICENSE NUMBER 5124	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2020		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).)						Interval between onset and death
PART I (a) Coronary Artery Disease						20 Years
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Hyperlipidemia						25 Years
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) Unknown Etiology						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HCM., 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

000813523



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:

4/23/2020

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

John Storey
STATE REGISTRAR

