

APN: 1219-14-002-079

WHEN RECORDED RETURN TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Ursula Eisenhut, Trustee
300 La Questa Way
Woodside, CA 94062

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

URSULA M. EISENHUT, being first duly sworn, deposes and says:


1. That the EISENHUT 1989 FAMILY TRUST was established by URSULA M. EISENHUT and WOLFGANG O. EISENHUT as Grantors and as Trustees.
2. That Grantor and Trustee, WOLFGANG O. EISENHUT, died on September 12, 2018, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as EXHIBIT "B."
3. That due to the passing of WOLFGANG O. EISENHUT, the currently acting Trustee of the EISENHUT 1989 FAMILY TRUST is URSULA M. EISENHUT.
4. That pursuant to that certain Grant, Bargain, and Sale Deed recorded with the Douglas County Recorder on September 26, 2008, as Document No. 0730673, said Trust is the owner of a portion of all that certain parcel of real property situate in the County of Douglas, State of Nevada, Assessor's Parcel Number being 1219-14-002-079 more commonly known as 460 Alex Court, Gardnerville, Nevada 89460, and more specifically described in EXHIBIT "A" attached hereto and incorporated herein by this reference.

5. That the EISENHUT 1989 FAMILY TRUST is revocable and URSULA M. EISENHUT has the power of revocation.

6. That this Affidavit has been executed under the laws of the State of Nevada.

7. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Dated this 25th day of June, 2020.



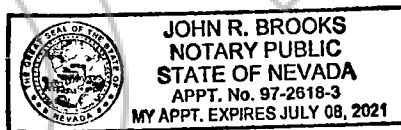
URSULA M. EISENHUT

STATE OF NEVADA)
 :SS
CARSON CITY)

On June 25th, 2020, personally appeared before me, a notary public, URSULA M. EISENHUT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



NOTARY PUBLIC



1066-009
12/12/19

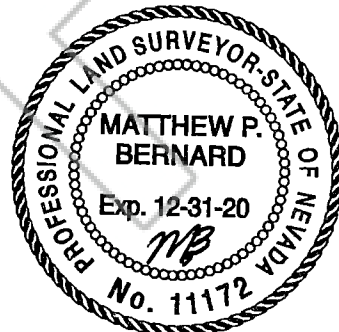
**EXHIBIT "A"
DESCRIPTION**

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

A parcel of land lying within a portion of Section 14, Township 12 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Parcel 3A-1 as shown on the Parcel Map for Eisenhut 1989 Revocable Trust and Bors Family Trust filed for record March 25, 2010 in the office of Recorder, Douglas County, Nevada as Document No. 760813.

Prepared By: R.O. ANDERSON ENGINEERING, INC.
P.O. Box 2229
Minden, Nevada 89423



12-12-19

EXHIBIT B

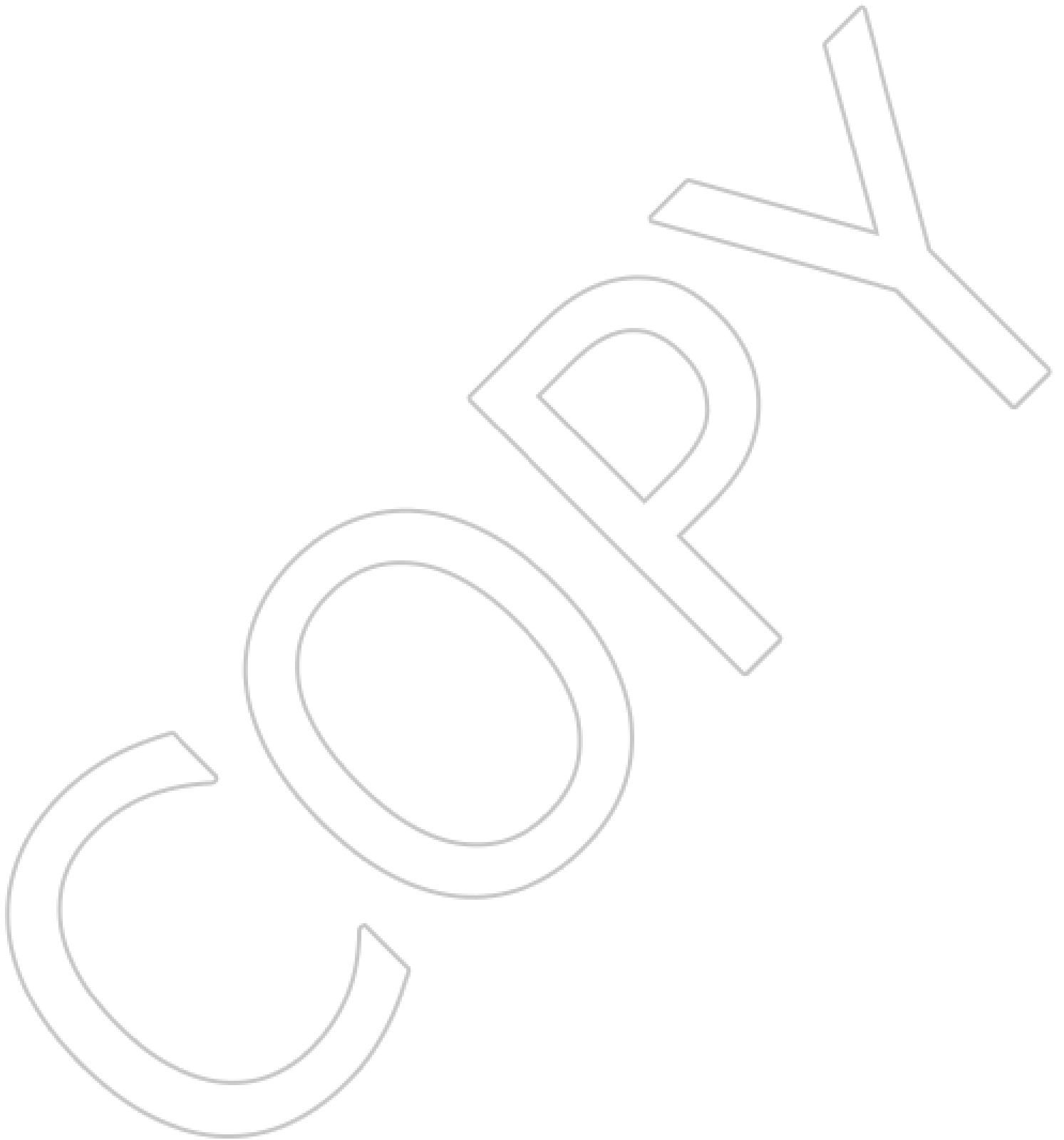


EXHIBIT B

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4040274 **CERTIFICATE OF DEATH** 2018018059
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

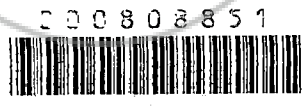
CERTIFIER

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) Wolfgang Otto EISENHUT | | 2. DATE OF DEATH (Mo/Day/Year) September 12, 2018 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 462 Alex Ct | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Other Residence | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 89 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Germany | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 20 | |
| 13. SOCIAL SECURITY NUMBER 4026 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY FACTURING (PRODUCT NOT SPEC | |
| 15a. RESIDENCE - STATE California | | 15b. COUNTY San Mateo | | 15c. CITY, TOWN OR LOCATION Woodside | |
| 15d. STREET AND NUMBER 300 La Questa Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1929 | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Otto K EISENHUT | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Magdalene LANGGUTH | | |
| 18a. INFORMANT- NAME (Type or Print) Ursula EISENHUT | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 300 La Questa Way Woodside, California 94062 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRISTIE D WILDE | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD917 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | |
| 20a. SIGNATURE AUTHENTICATED | | | | | |
| 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) ZACHARY D HICKMAN | | | 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) ZACHARY D HICKMAN | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 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) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423 | | | | 23b. LICENSE NUMBER | |
| 24a. REGISTRAR (Signature) CATHERINE E SIMPSON | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 26, 2018 | | 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) Atherosclerotic And Hypertensive Cardiovascular Disease | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | Interval between onset and death | | | |
| (b) Hypertension | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (c) Hyperlipidemia | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (d) Pulmonary Fibrosis | | Interval between onset and death | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Interstitial Lung Disease; Atrial Fibrillation; Chronic Kidney Disease | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | |
| 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 | |



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: **MAR 10 2020**

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

Zachary D Hickman
STATE REGISTRAR
Administrator

