



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.

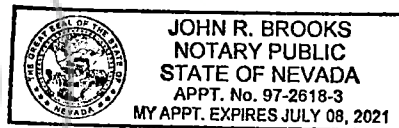
Dated this 25<sup>th</sup> day of June, 2020.

  
\_\_\_\_\_  
URSULA M. EISENHUT

STATE OF NEVADA    )  
                                  :SS  
CARSON CITY        )

On June 25<sup>th</sup>, 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:

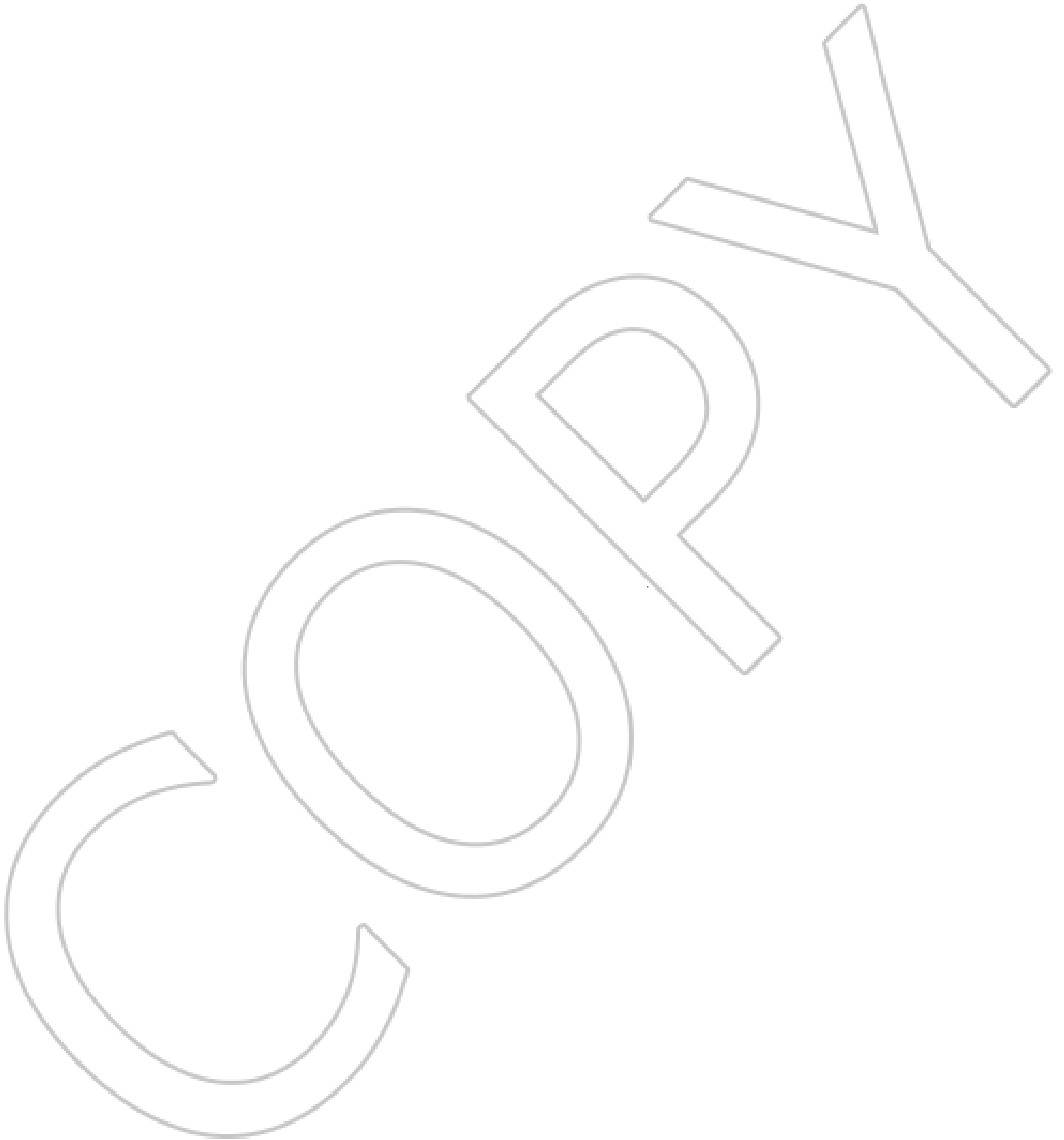
Parcel 3A-2 as shown on the Parcel Map for Eisenhut 1989 Revocable Trust and Bors Family Trust filed for record March 25, 2010 in the office of Recorder, Douglas County, Nevada as Document No. 760813.

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) <b>Wolfgang Otto EISENHUT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 12, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>462 Alex Ct</b>		4 SEX <b>Male</b>	
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>89</b>	
9a STATE OF BIRTH (If not US/CA, name country) <b>Germany</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>20</b>	
13 SOCIAL SECURITY NUMBER <b>4026</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>FACTURING (PRODUCT NOT SPEC</b>	
15a RESIDENCE - STATE <b>California</b>		15b COUNTY <b>San Mateo</b>		15c CITY, TOWN OR LOCATION <b>Woodside</b>	
15d STREET AND NUMBER <b>300 La Questa Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Ursula MARON</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Otto K EISENHUT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Magdalene LANGGUTH</b>		
18a INFORMANT- NAME (Type or Print) <b>Ursula EISENHUT</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>300 La Questa Way Woodside, California 94062</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</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>ZACHARY D HICKMAN</b>			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) <b>ZACHARY D HICKMAN</b>		
21b DATE SIGNED (Mo/Day/Yr) <b>November 26, 2018</b>		21c HOUR OF DEATH <b>03:18</b>		22c. HOUR OF DEATH <b>03:18</b>	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr) <b>September 12, 2018</b>		
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423</b>				23b LICENSE NUMBER	
24a REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 26, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Atherosclerotic And Hypertensive Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Hypertension</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) <b>Hyperlipidemia</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) <b>Pulmonary Fibrosis</b> 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 <b>Interstitial Lung Disease; Atrial Fibrillation; Chronic Kidney Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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	



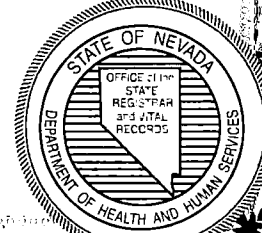
CERTIFIED COPY OF VITAL RECORDS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE