DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

2020-949630 07/23/2020 03:56 PM

ALLISON MACKENZIE, LTD

Pas=5

APN: 1219-14-002-080

WHEN RECORDED RETURN TO: KYLE A. WINTER, ESQ. ALLISON MacKENZIE, LTD. P.O. Box 646 Carson City, Nevada 89702 00115076202009496300050056

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 <u>DOES</u> contain the social security number of a person or persons pursuant to NRS 440.380

## AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVA	ADA	)	
	and the same of th	:	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 1219-14-002-080 more commonly known as 462 Alex Court, Gardnerville, Nevada 89460, 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.

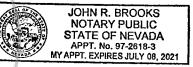
	_		Th				
Dated this	2	<u>L</u>	<u></u>	day	of	June,	2020.

JORSULA M. EISENHUT

STATE OF NEVADA ) :ss CARSON CITY )

On \_\_\_\_\_\_\_\_\_, 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



## EXHIBIT "A" DESCRIPTION

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

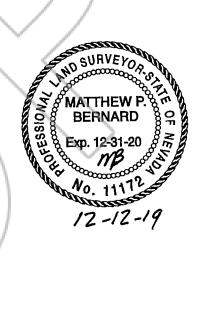
A parcel of land lying within a portion of Section 14, Township 12 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

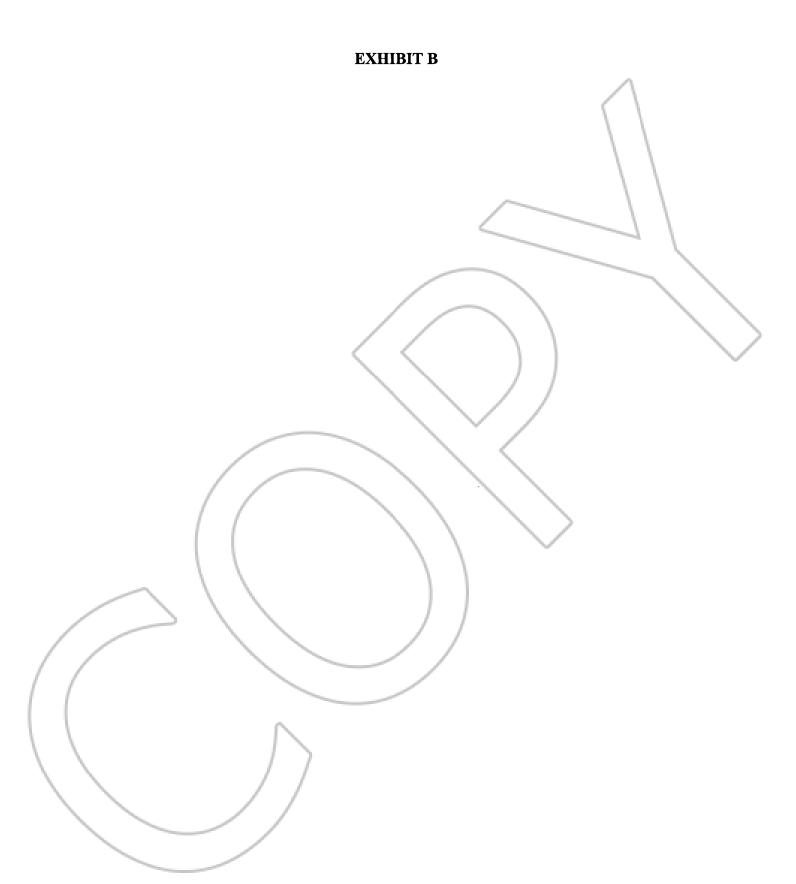
Parcel 3A-2 as shown on the Parcel Map for Eisenhut 1989 Revocable Trust and Bors Family Trust filed for record March 25, 2010 in the office of Recorder, Douglas County, Nevada as Document No. 760813.

Prepared By: R.O. ANDERSON ENGINEERING, INC.

P.O. Box 2229

Minden, Nevada 89423





**EXHIBIT B** 



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

<b>9</b> "			VITAL	STATISTICS	k			
							\ .	
CASE FIL	LE NO. 4040274		CERTIFICAT	E OF DEATH			8018059	·
TYPE OR PRINT IN	1a DECEASED-NAME (FIRST,MID	DLE,LAST,SUFFIX)			2. DATE OF DEATH (Mo/I		FILE NUMBER 3a. COUNTY OF D	TEATH
PERMANENT	Wolfgang		EISENHUT  : HOSPITAL OR OTHER INSTITUTION -Name(If not either, give		A Company of the Control of the Cont	September 12, 2018		
BLACK INK	36 CITY, TOWN, OR LOCATION OF	DEATH 3c. HOSPITA				البيدين والمستبد	Douglas  A,OP/Emer. Rm.   4 SEX	
	Gardnerville	number)			ve street an 3e, if Hosp, or in Inpatient(Specify	Sthor Boold	11 Jan 12	
DECEDENT	5 RACE (Specify)		Hispanic Origin? Specify		a) 7b. UNDER 1 YEAR 7c. U	INDER 1 DAY	IS DATE OF BIRT	Male Male
	White	•	No - Non-Hispanic	(Years)	MOS DAYS HO	JRS MINS	January	13, 1929
IF DEATH OCCURRED IN	9a STATE OF BIRTH (If not US/CA, name country) Germany	96 CITIZEN OF	WHAT COUNTRY 10 EDU	JCATION 11 MARITAL STATE	TUS (Specify)   12. SURVIVIN	SPOUSE'S NAM	ME (Last name prior to a MARON	first mamage)
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ITEMS	15a RESIDENCE - STATE 15b	COUNTY	15c CITY, TOWN		TREET AND NUMBER		15e	INSIDE CITY
L>	California	San Mateo	Wood	iside 300	La Questa Way		or N	ITS (Specify Yes
DADENTO	16 FATHER/PARENT - NAME (Firs				PARENT - NAME (First M	iddle Last Su	mfix)	-
PARENTS		tto K EISENHU	Т			ne LANGO		
	18a INFORMANT- NAME (Type or i	Print)	18b MAILING	ADDRESS (Street or I	R F.D. No, City or Town, Sta		···········	
	Ursula EIS			300 La Q	uesta Way Woodside	, California 9	94062	
ionogizioni	19a BURIAL, CREMATION, REMOV					c. LOCATION	City or Town	State
SPOSITION	Cremation		7.00	itzhenry's Cremator	·		n City Nevada	89701
	20a. FUNERAL DIRECTOR - SIGNA				AME AND ADDRESS OF FA			
SPOSITION	CHRISTII	E D WILDE		NUMBER FD917	FitzHenry's Ca			
BADE CALL	TRADE CALL - NAME AND ADDRE	E AUTHENTICATE		1 5517	1380 Highway 3	95 N Gardne	arville NV 894	,10
NADE CALL	Z 21a Taiba hast of mulinous		the time, date and place	and due 2 22 On th	ne basis of examination and/or			
:	to the cause(s) stated (Signa	ture & Title)	and time, date and place	ا الله الأنفأ	e, date and place and due to the	cause(s) stated		
OFFICIER	<u> </u>	no las i			IARY D HICKMAN		SIGNATURE AU	
CERTIFIER	21b DATE SIGNED (Mo/Da	y/Yr) 21c. H	OUR OF DEATH	S 22b. DA	TE SIGNED (Mo/Day/Yr)	22c. I	HOUR OF DEATH	
-	型是 21d NAME OF ATTENDING	PHYSICIAN IF OTHE	R THAN CERTIFIER		November 26, 2018 RONOUNCED DEAD (Ma/Da	22e	03:1 PRONOUNCED D	
:	은览 (Type or Print)	THE COUNTY OF THE	CHINAL OLIVINIES	lao	September 12, 2018	7711)	03:1	
	23a NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN,	ATTENDING PHYSICIAN	, MEDICAL EXAMINER, O	OR CORONER) (Type or Pri	nt) 2	3b LICENSE NUN	
	Co	proner Zachary D	Hickman P.O. Bo	x 218 Minden, NV	89423	<u> </u>		
REGISTRAR	24a REGISTRAR (Signature)	CATHERINE	E SIMPSON	(MathautVa)	VED BY REGISTRAR		UE TO COMMUNI	
/		SIGNATURE AU		, JNC	ovember 26, 2018	YES	S NO	X
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		CONSEQUENCE OF				ļ	Interval betweer	onset and de
CONDITIONS IF	(b) Hypertensi		<u> </u>			į	i i	
GAVE RISE TO IMMEDIATE	Hyperlipide	A CONSEQUENCE OF				j	Interval between	nonset and de
CAUSE STATING THE VINDERLYING	(c) Try periipide	_					·	
CAUSE LAST	Pulmonary	CONSEQUENCE OF				:	Interval between	nonset and de
\ \	(4)					i	·	
	PART II OTHER SIGNIFICANT CO	Atrial Fibrillation; Chron	contributing to death but in C Kidney Disease	not resulting in the underly	ing cause given in Part 1	26. AUTO	PSY (Specif 27. WAREFER	IS CASE RRED TO CORON
\ \	1					1.03 01 110	No (Specif	RRED TO CORON by Yes or No) Ye
[ \ \	28a ACC , SUICIDE, HOM , UNDET OR PENDING INVEST (Specify)	8b. DATE OF INJURY (Mo)	Day/Yr) 28c HOUR	DE INJURY 28d DESCRIE	BE HOW INJURY OCCURRED			
\ \\			/					
<u> </u>	28e. INJURY AT WORK (Specify	BF. PLACE OF INJURY	- At home, farm, street, fa	ctory, office 28g. LOCA	TION STREET OR R F	.D. No. CIT	TY OR TOWN	STATE
•		oullding, etc. (Specify)		,, i i i i i i i i i i i i i i i i i i				
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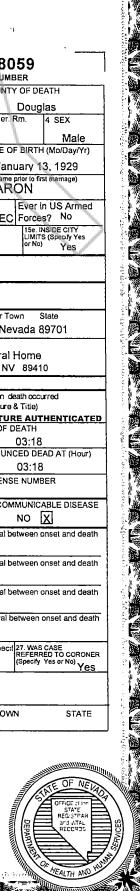




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DATE ISSUED:

MAR 1 0 2020



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