

APN: 1219-14-002-082



KAREN ELLISON, RECORDER

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

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 1219-14-002-082 more commonly known as 462 Dresden, Gardnerville, Nevada 89460, and more particularly described in EXHIBIT "A" attached hereto and incorporated by 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.

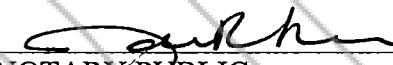
Dated this 25th day of June, 2020.



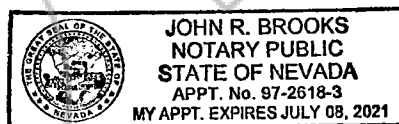
URSULA M. EISENHUT

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

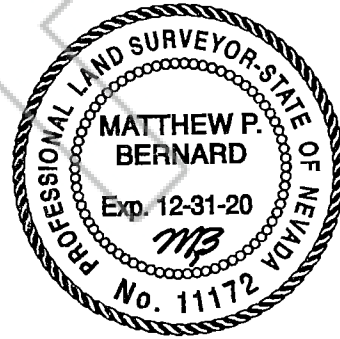
**EXHIBIT "A"
DESCRIPTION**

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-4 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

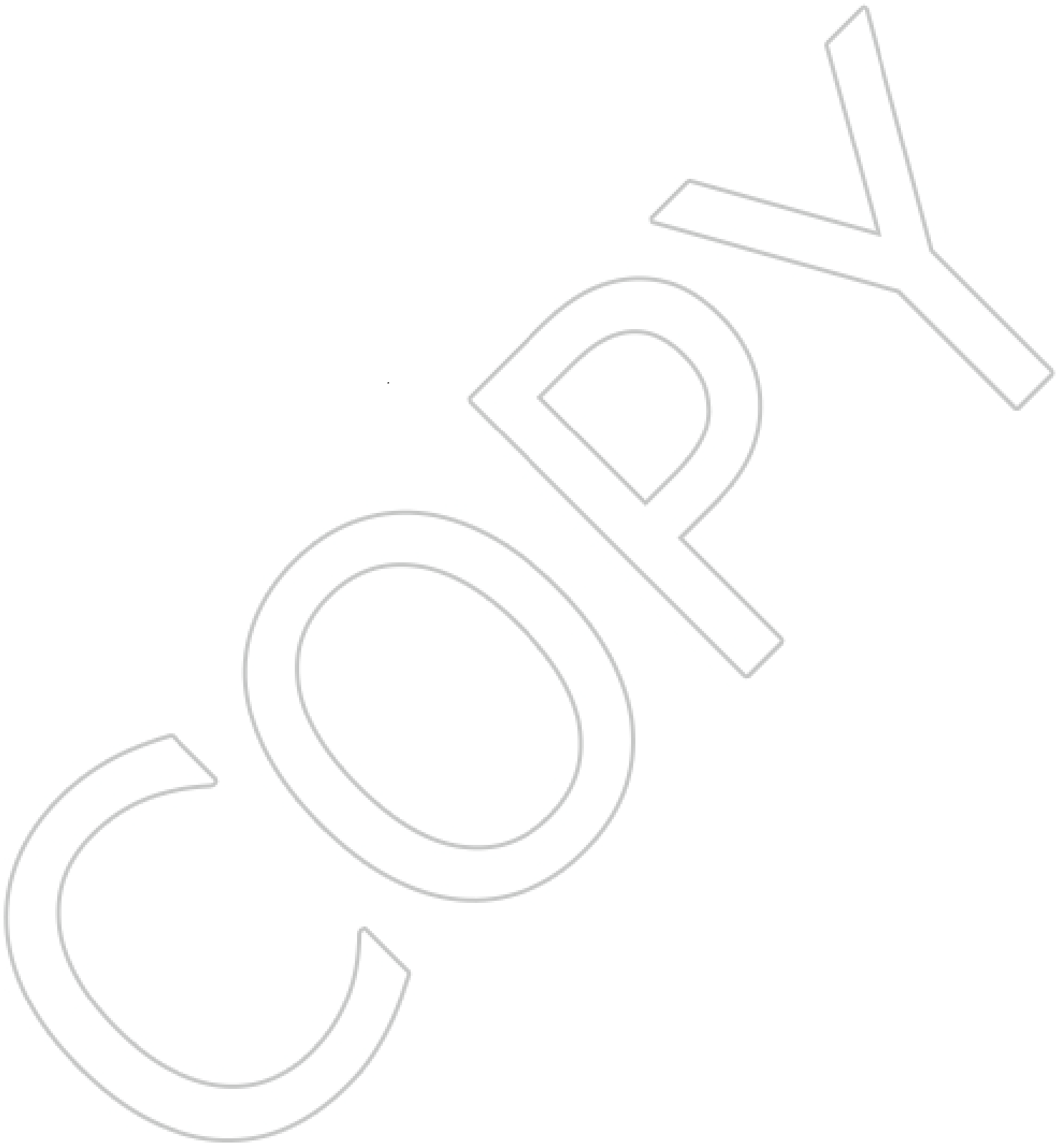


EXHIBIT B

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 number) 462 Alex Ct		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Other Residence	
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 MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1929		9a. STATE OF BIRTH (if not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 20		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ursula MARON	
13. SOCIAL SECURITY NUMBER 4026		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Chemist		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		Ever in US Armed Forces? No	
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 (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		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	
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 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) ZACHARY D HICKMAN SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) November 26, 2018		21c. HOUR OF DEATH 03:18		22b. DATE SIGNED (Mo/Day/Yr) November 26, 2018	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 03:18		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 12, 2018	
22e. PRONOUNCED DEAD AT (Hour) 03:18		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 SIGNATURE AUTHENTICATED			
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).) PART I (a) Atherosclerotic And Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF: (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 1. Interstitial Lung Disease; Atrial Fibrillation; Chronic Kidney Disease					Interval between onset and death
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			

000808848



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

Zachary D Hickman
STATE REGISTRAR

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

