

APN# 1220-04-111-019

DOUGLAS COUNTY, NV **2020-953643**
Rec:\$40.00
\$40.00 Pgs=4 09/30/2020 02:31 PM
SIGNATURE TITLE - ZEPHYR COVE
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Signature Title Company, LLC

Address: 1664 Hwy 395, Suite 105

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Charles P. Kiel

Address: 18510 N Parkview Place #215

City/State/Zip: Surprise, AZ 85374

Affidavit - Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Natalie Frey

Signature

NATALIE FREY

Printed Name

**Recording Requested By:
Signature Title Company, LLC
1664 Hwy 395, Suite 105
Minden, NV 89423**

**When Recorded, Mail To:
Charles P. Kiel
18510 N Parkview Place #215
Surprise, AZ 85374**

Escrow No: 44000096 - NF4

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

)}
)} SS.

Charles P. Kiel, of legal age, being first duly sworn, deposes and says:

1) That, Marlene June Kiel, the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated June 15, 2012, executed by Charles Kiel and Marlene Kiel, husband and wife as joint tenants with right of survivorship to Charles P. Kiel and Marlene J. Kiel, Trustees of The Kiel Family Trust dated June 15, 2012, recorded as Instrument No. 0804109, on June 15, 2012, in Book 0612, Page 3631, of Official Records of Douglas, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

- 2) That I am named within the aforementioned trust as Successor Trustee;
- 3) That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: September 16, 2020

Charles P. Kiel TRUSTEE
By: Charles P Kiel, as Successor Trustee of The Kiel
Family Trust dated June 15, 2012

STATE OF NEVADA
COUNTY OF DOUGLAS
CLARK

} ss:

This instrument was acknowledged before me on 9/20/2020
by Charles P. Kiel

[Signature]
Notary Public



EXHIBIT "A"
LEGAL DESCRIPTION

Lot 18, as shown on the Map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 4, Page 82, as Document No. 43243.

Per NRS 111.312, this legal description was previously recorded at Document No. 0548916, Book 802, Page 1938, on August 7, 2002.

APN: 1220-04-111-019

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4095037

CERTIFICATE OF DEATH

2019014922
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
STAYING THE
UNDERLYING
CAUSE LAST

12. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Marlene June KIEL			13. DATE OF DEATH (Mo/Day/Year) July 27, 2019		14. COUNTY OF DEATH Douglas			
15. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		16. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) 1236 Kingslane Ct			17. HOME OR INST. Indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) Home			
18. RACE (Specify) White		19. Hispanic Origin? Specify No - Non-Hispanic		20. AGE - Last birthday (Years) 88		21. UNDER 1 YEAR WKS DAYS HOURS MINS		
22. STATE OF BIRTH (If not US/CA, give the country) South Dakota		23. CITIZEN OF WHAT COUNTRY United States		24. EDUCATION 14		25. MARITAL STATUS (Specify) Married		
26. SOCIAL SECURITY NUMBER 9803		27. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) TEACHER			28. KIND OF BUSINESS OR INDUSTRY COMPUTER EDUCATION		29. EVER IN US Armed Forces? No	
30. RESIDENCE - STATE Nevada		31. COUNTY Douglas		32. CITY, TOWN OR LOCATION Gardnerville		33. STREET AND NUMBER 1236 Kingslane Ct		
34. FATHER/PARENT - NAME (First Middle Last Suffix) Theodore Leonard DAHLGREN				35. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace Darlene HODSON				
36. INFORMANT - NAME (Type or Print) Charles Patrick KIEL			37. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1236 Kingslane Ct Gardnerville, Nevada 89410					
38. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		39. CEMETERY OR CREMATORY - NAME Autumn Cremation Services			40. LOCATION City or Town State Carson City Nevada 89701			
41. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		42. FUNERAL DIRECTOR LICENSE NUMBER FD870		43. NAME AND ADDRESS OF FACILITY Neptune Society of Reno -5890 S.Virginia St Suite 4-E Reno NV 89502				
44. TRADE CALL - NAME AND ADDRESS								
45. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF MD SIGNATURE AUTHENTICATED				46. 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)				
47. 21b. DATE SIGNED (Mo/Day/Yr) July 30, 2019		48. 21c. HOUR OF DEATH 04:00		49. 22b. DATE SIGNED (Mo/Day/Yr)		50. 22c. HOUR OF DEATH		
51. 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				52. 22d. PRONOUNCED DEAD (Mo/Day/Yr)		53. 22e. PRONOUNCED DEAD AT (Hour)		
54. 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703						55. 23b. LICENSE NUMBER 13920		
56. 24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED				57. 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 30, 2019		58. 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO [X]		
59. 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
PART I						Interval between onset and death		
(a) Respiratory Arrest								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(b) Malignant, Metastatic Pancreatic Carcinoma								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(c)								
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. 26. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28. 27. DATE OF INJURY (Mo/Day/Yr)		29. 27a. HOUR OF INJURY		30. 27b. DESCRIBE HOW INJURY OCCURRED		
31. 28a. INJURY AT WORK (Specify Yes or No)		32. 28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33. 28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				

000779969



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.

8/1/2019

DATE ISSUED:

Jan Shogoh
Administrator

STATE REGISTRAR

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

