

APN# : 1420-35-201-001

Recording Requested By:

Western Title Company

When Recorded Mail To:

Macrina G. Wiebe

1473 Gregg St
CC. NV 89701

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Macrina G. Wiebe, of legal age, being first duly sworn, deposes and says:

1. James Bennett Wiebe Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James B. Wiebe named as Trustee in the Declaration of Trust dated 7/14/2001 and executed by James B. Wiebe and Macrina G. Wiebe as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2747 East Valley Road Minden, NV 89423, which property is described in a Deed which was executed by James B. Wiebe and Macrina G. Wiebe, husband and wife as community property with right of survivorship as Grantor(s) on July 14, 2001 and recorded as Instrument No. 518691, in Book 0701, Page 4809, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

That portion of the Southwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, State of Nevada, described as follows:

Parcel 1, as set forth on that certain Parcel Map for George A. & Lois V. Storrs, filed for record in the office of the Douglas County Recorder, State of Nevada, on July 17, 1975 in Book 775, Page 527, as Document No. 81681, Official Records.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

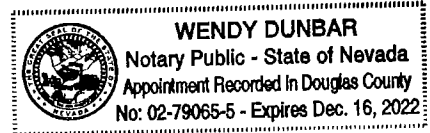
Dated 11-2-2020 Macrina G. Wiebe
Macrina G. Wiebe,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 11-2-2020
By Macrina G. Wiebe.

Wendy Dunbar
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3930043

CERTIFICATE OF DEATH

2016022743
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) James Bennett WIEBE JR		2. DATE OF DEATH (Mo/Day/Year) December 14, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1-YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) March 31, 1933		9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Macrina GUERRERO	
13. SOCIAL SECURITY NUMBER ██████████-2555		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2747 E Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Bennett WIEBE SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lola COOL		
18a. INFORMANT- NAME (Type or Print) Macrina WIEBE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2747 E Valley Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompá Ln Carson City NV 89701	
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) STEPHEN L PERRY M.D. 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)		
21b. DATE SIGNED (Mo/Day/Yr) December 16, 2016		21c. HOUR OF DEATH 04:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen L Perry M.D. 1600 Medical Pkwy Carson City, NV 89703			
23b. LICENSE NUMBER 6526		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2016		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) Cardiopulmonary Arrest Interval between onset and death:					
(b) Sepsis DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:					
(c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:					
(d) Acute On Chronic Liver Disease DUE TO, OR AS A CONSEQUENCE OF: 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. History Of Parkinson's Disease, Unknown Etiology.				25. AUTOPSY (Specify Yes or No) No	
26. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		27. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000654996



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:

12/28/2016

Cody L. Perry
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

