

APN# 1022-18-001-010

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 Hwy 395, Ste101

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Margaret M Ziebell

Address: 1380 Centerville #35

City/State/Zip: Gardnerville NV 89410

Affidavit-death of trustee

**Title of Document** (required)

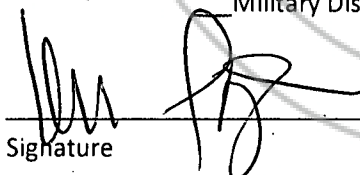
------(Only use if applicable)-----

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)

  
\_\_\_\_\_  
Signature

Kim Figueroa  
\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Margaret M. Ziebell  
1380 Centerville #35  
Gardneville NV 89410

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1022-18-001-010**

File No.: 143-2623842 (mk)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Margaret M. Ziebell** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Peter D. Ziebell** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on at (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated executed by as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain dated which was recorded as Instrument No. in Book , Page , of Official Records of County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 4-30-2021

**DECLARANT:**

Margaret M. Ziebell, Trustee  
Margaret M. Ziebell

State of NV )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 7th day of May 2021, 2021 by Margaret M. Ziebell, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Mary Kelsh  
My Commission Expires: 11-6-22



Notary Name: Mary Kelsh Notary Phone: 775 782 5411  
Notary Registration Number: 98 49567-5 County of Principal Place of Business: Douglas

**EXHIBIT 'A'**

**PARCEL 1:**

**PARCEL B AS SHOWN ON THE PARCEL MAP FOR JACK BEMIS, FILED FOR RECORD OCTOBER 19, 1979 FILE NO. 37989, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.**

**PARCEL 2:**

**AN EASEMENT 10.00 FEET IN WIDTH FOR WATER PIPE LINES OVER AND ACROSS THE PORTION OF PARCEL 8, AS SHOWN ON THE RECORD OF SURVEY FILED FOR RECORD OCTOBER 10, 1969 AS DOCUMENT NO. 45990, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, DESCRIBED AS FOLLOWS:**

**BEGINNING AT THE WELL SITE FROM WHICH THE NORTH 1/4 CORNER OF SECTION 18, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.&M., BEARS NORTH 02° 50' 00" EAST A DISTANCE OF 860.00 FEET; THENCE FROM THE POINT OF BEGINNING NORTH 03° 17' 00" WEST A DISTANCE OF 185.10 FEET TO A POINT IN THE ROAD AND UTILITY EASEMENT AS SET FORTH ON THAT CERTAIN RECORD OF SURVEY MAP FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 10, 1969 AS DOCUMENT NO. 45990, SAID ROAD AND UTILITY EASEMENT AS SHOWN ON SAID MAP IS SHOWN AS PENROD LANE; THENCE NORTH 86° 43' 00" EAST IN SAID ROAD AND UTILITY EASEMENT A DISTANCE OF 260.00 FEET TO A POINT THEREIN; THENCE NORTH 03°17'00" WEST A DISTANCE OF 60 FEET TO THE POINT OF TERMINATION OF THE EASEMENT HEREBY DEDICATED.**

**NOTE: THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 10, 1983, IN BOOK 283, PAGE 1052 AS INSTRUMENT NO. 76103.**

**PARCEL 3:**

**A NON-EXCLUSIVE ROAD AND UTILITY EASEMENT ON AND OVER A STRIP OF LAND 15 FEET IN WIDTH LYING SOUTHERLY OF, PARALLEL AND CONTIGUOUS TO THE SOUTHERLY LINE OF PARCEL B, PARCEL MAP NO. 37989.**

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

**2007003366**  
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 Peter			1b. MIDDLE David			1c. LAST <b>ZIEBELL</b>			2. DATE OF DEATH (Mo/Day/Year) June 17, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1616 Scoti Lane				3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient(Specify)			4. SEX Male			
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 23, 1947		
9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Margaret M KUCHMA			
13. SOCIAL SECURITY NUMBER -2450				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Broker				14b. KIND OF BUSINESS OR INDUSTRY Real Estate						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1616 Scoti Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Albert J ZIEBELL						17. MOTHER - NAME (First Middle Last Suffix) Willetta JAMES								
18a. INFORMANT - NAME (Type or Print) Peg ZIEBELL						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 1934 Minden, Nevada 89423								
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) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
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>SIGNATURE AUTHENTICATED STEPHEN HEWITT DO</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)		
21b. DATE SIGNED (Mo/Day/Yr) June 19, 2007				21c. HOUR OF DEATH 08:00				22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449									23b. LICENSE NUMBER NV 1107					
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2007			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) <b>Carcinoid Syndrome</b>										Interval between onset and death Years				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(b)										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c)										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.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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								

STATE REGISTRAR



157453

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.

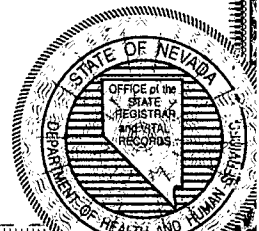
DATE ISSUED:

07/23/2007

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

PRNCO (Rev) 1/06

SIGNATURE AUTHENTICATED



VRS-Rev