07/27/2021 02:41 PM

Pgs=5

Rec:\$40.00 Total:\$40.00 JOSEPH W. TILLSON, ESQ

APN# 1318-23-610-026								
Recording Requested by/Mail to: Name: Joseph W. Tillson, Esq.								
Address: 589 Tahoe Keys Blvd., Ste E-4								
City/State/Zip: South Lake Tahoe, CA 96150								
Mail Tax Statements to: Name: Jonathan Fiene, Trustee								
Address: c/o 589 Tahoe Keys Blvd., Ste E-4								
City/State/Zip: South Lake Tahoe, CA 96150								

00139377202109715090050058
KARENELLISON, RECORDER

AFFIDAVIT-DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

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)

Joseph W. Tillson

Printed Name

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

Document Transfer Tax \$ __-0-_

Assessor's Parcel No.: 1318-23-610-026

WHEN RECORDED MAIL TO:

Joseph W. Tillson, Esq. 589 Tahoe Keys Boulevard, Ste E-4 South Lake Tahoe, CA 96150

MAIL TAX STATEMENTS TO:

Same as Above

The grantor declares:

Documentary transfer tax is \$_-0
[x] computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

JONATHAN PAUL FIENE, of legal age, being first duly sworn, deposes and says:

That CAROLYN LOUISE FIENE,, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated February 22, 2005, executed by DON E. FIENE and CAROLYN L. FIENE, Husband and Wife, as Community Property to DON E. FIENE and CAROLYN L. FIENE, Trustees of the 2005 FIENE FAMILY TRUST dated February 22, 2005, as well as the beneficiary under said trust; it being further acknowledged that JONATHAN PAUL FIENE is the successor trustee under said declaration of trust on the death of CAROLYN L. FIENE and DON E. FIENE. DON E. FIENE predeceased CAROLYN L. FIENE on April 28, 2009, as mentioned in the attached certified copy of Certificate of Death.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No. 0638238 on March 7, 2005, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 21 in Block B, of Lakewood Knolls Annex, according to the map thereof, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 12, 1959, as Document No. 14378.

Dated: May 24, 2021

JONATHAN PAUL FIENE

JURAT

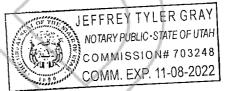
STATE OF Utah
COUNTY OF Utah

Subscribed and sworn to (or affirmed) before me on this 24 day of 2021, by JONATHAN PAUL FIENE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature:

AFFIDAVIT --DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

APN: 1318-23-610-026



COUNTY OF NEVADA

GRASS VALLEY, CALIFORNIA 95945

	CERTIFICATE OF DEATH STATE FILE NUMBER STATE FILE NUMBER CERTIFICATE OF CULTURITA USE BLACK BX (MIX) / NO BRASHES, WINTEOUTS OR ALTERATIONS (%-1 (MCEV 300))				3201929000			
Ī	STATE FILE NUMBER 1. NAME OF DECEDENT FIRST (Given)	2. MIDDLE	[3.	. LAST (Family)	OCAL REGISTRATION	NUMBER		
DATA	CAROLYN AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	LOUISE	4. DATE OF BIRTH man/	IENE	NDER ONE YEAR IF	UNDER 24 HOURS 6. SEX		
ONAL	<u> </u>		04/29/1943	76 Mont	hs Days Ho	Minutes F		
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY 10, SOCIAL SECURITY NO 1291	JMBER 11, EVER IN U.S. ARM		TATUS/SRDP* (21 Time of Death) 7. C VED 10	0/25/2019	/ccyy 8, HOUR (24 Hours) 1722		
DENT	13. EDUCATION - Highest Level/Degree 14/15. WAS DECEDENT HISPANICAL (see worksheet on back) SOME COLLEGE YES	ATINO(A)/SPANISH? (if yes, see works)	NO WHITE	L'S RACE - Up to 3 races may b	e listed (see worksheet o	n back)		
DEC	17. USUAL OCCUPATION - Type of work for most of kie. DO NOT USE F		BUSINESS OR INDUSTRY (e.g.,	grocery store, road construction,	employment agency, etc			
	ADMINISTRATIVE 20. DECEDENT'S RESIDENCE (Street and number, or location)	ADMIN	ISTRATION			10		
USUAL. RESIDENCE	15725 MOUNTAIN VIEW DRIVE 21. CITY 22, COL	JNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN C	OUNTRY		
	NEVADA CITY NEV 28, INFORMANT'S NAME, RELATIONSHIP	/ADA	95959	6	CA			
INFOR-	MICHELLE ADKINS, DAUGHTER	P.	D. BOX 5872, ST	S (Street and number, or rural roun ATELINE, NV 894	a number, city or town, s 449	(ate and 2:p)		
$\overline{}$	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29, MIDDLE	30. LAST ((BIRTH NAME)	\			
SRDP /	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE STOUGHTON	33. LAST	CATU	-	34. BIRTH STATE		
SPOUSE/SRDP AND PARENT INFORMATION	35, NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	The contract of the contract o	SATH (BIRTH NAME)	+	CA 38. BIRTH STATE		
-	ELEANOR 39. DISPOSITION DATE mm/dd/coyy 40. PLACE OF FINAL DISPOS	DOROTHY ™™RESIDENCE O	SCHN		/	CA		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	11/06/2019 285 CHIMNEY F	ROCK ROAD, STA	ΓELINE, NV 8944	19	···-	43, LICENSE NUMBER		
AL DIF	CR/TR/RES	▶ NOT EM	BALMED	<u> </u>		-		
FUNE	44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE ANGELS MORTUA	RY FD1588	FR 46. SIGNATURE OF LOCAL ▶ KENNETH (5	47. DATE mm/dd/ccyy 11/05/2019		
ъ.	101, PLACE OF DEATH SPRING HILL MANOR		102. IF HOSPITAL, S	SPECIFY ONE 103. IF OTH	ER THAN HOSPITAL, S CB X Nursing Home/LTC	Decedent's Other		
PLACE OF DEATH	The state of the s	OR LOCATION WHERE FOUND (Stre		10.10/	106. CITY GRASS V	/ALLEV		
	107. CAUSE OF DEATH Enter the chain of events dise	eases, injuries, or complications that est, or ventricular fibrillation without sho	directly caused death. DO NOT er	nter terminal events such	Ph.	103. DEATH REPORTED TO CORONER?		
	IMMEDIATE CAUSE (A) END STAGE CHRONIC (Final disease or condition resulting	OBSTRUCTIVE P	ULMONARY DIS	EASE	YRS	X YES NO 1 REFERRAL NAMBER 19-244		
	in death) (B) Sequentially, list				(81)	109. BIOPSY PERFORMED7 YES X NO		
DEATH	conditions, if any, leading to cause (C) on Line A. Enter UNDERLYING		-		(СТ)	110. AUTOPSY PERFORMED?		
CAUSE OF DEATH	CAUSE (disease or Injury that initiated the events (D)				(סק	YES X NO		
S	resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RESULTING IN THE UNDER	LYING CAUSE GIVEN IN 107			YES NO		
and the same of	NONE		_//					
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10	7 OR 1127 (if yes, list type of operati	on and date.)		1134.1	FFEMALE, PREGNANT IN LAST YEAR? YES X NO UNIK		
ATTON	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	5, SIGNATURE AND TITLE OF CER THOMAS ISAO KA	NOMATA M D		G130263	11/01/2019		
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 11	8. TYPE ATTENDING PHYSICIAN'S	NAME, MAILING ADDRESS, ZIF	CODE THOMAS IS	AO KANOMA	ATA M.D.		
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, A	- Constina	STATED. 120 IN	NJURED AT WORK?	121. INJURY DATE #			
ξĬ	MANNER OF DEATH Natural Accident Homicide 123. PLACE OF INJURY (e.g., home, construction site, wooded area, et	investigation	determined	YES NO UNK				
USE OI	124. DESCRIBE HOW MJURY OCCURRED (Events which resulted in in	ijury)		·····		·		
CORONER'S USE ONLY	12S. LOCATION OF INJURY (Street and number, or location, and city, and z.p)							
COR								
	126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATI	mm/dd/ccyy 128, TYPI	E NAME, TITLE OF CORONER /	DEPUTY CORONER			
STA REGIS		E (())(())	*010001004350	178*	FAX AUTH.#	CENSUS TRACT		
		IED COPY OF VIT	AL RECORD					
Ò.	STATE C This is a true and exact reproduction	of the document offi		00	016930	 		

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Nevada County Health Department.

DATE ISSUED

NOV 0 6 2019







TYPE OR	CERTIFICATE OF DEATH					2009006504 STATE FILE NUMBER		
PRINT IN PERMANENT				2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
BLACK INK	Don Eugene	FIENE	Arifen mirthrusiani	V	April 28, 2009		Washoe	
DECEDENT	3b. City, TOWN, OR LOCATION C	and number) Re	enown Regional Me	dical Center	Inpatient(Specify)	indicate DOA,OP/Em Inpatient	Male	
	5. RACE White (Specify)	No - N	nic Origin? Specify on-Hispanic	7a. AGE-Last birthday (Years) 69	75. UNDER 1 YEAR 7C. UN MOS DAYS HOUF	RS MINS Se	e of BIRTH (Mo/Day/Yr) eptember 19, 1939	
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U.S.A. name country) Illinois	United Sta	tes 14	DIVORCED (Spec	Telegrifica	maiden nance	SPOUSE (if wife, give rolyn HEMSATH	
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER 9373	Working Life, Eyen If R	LIGIT SETAICE	Engineer		S OR INDUSTRY quipment	Ever in US Armed Forces? Yes	
ITEMS			15c. CITY, TOWN OR LO	all and the second	STREET AND NUMBER	1	15e, INSIDE CITY LIMITS (Specify Yes	
>	Nevada 16. FATHER - NAME (First Middle	Douglas	Stateline		Chimney Rock Road NAME (First Middle Last		or No) No	
PARENTS	1	Herman FIENE		W. MOTHER -		thy MAU		
	18a. INFORMANT- NAME (Type or Carolyn	FIENE	18b. MAILING ADD	P. O. E	F.D. No. City or Town, State, lox 2762 Stateline, Ne	Zip)		
DISPOSITION	19a. BURIAL, CREMATION, REMO		75.	76		LOCATION City or	Town State	
	Cremation 20a, FUNERAL DIRECTOR - SIGN,			Meadows Crema			vada 89431	
	CAROLL DA	VID HIGGINS RE AUTHENTICATED	Such) 20b. FUNERAL DIRECTOR LIC 20			LITY ws Cremation ar Avenue Reno N'		
	TRADE CALL - NAME AND ADDRE							
	due to the cause(s) stated. (edge, death occurred at the ti Signature & Title) SIGNAT MOTHY OSBORNE	WE AUTHENTICATE	D better time, di	e basis of examination and/o ate and place and due to the	cause(s) stated. (Sign	nature & Title)	
CERTIFIER	ල් <u>May</u> 01, 2009	y(Yr) 21c. HOUR (17:55	- B S 22b DATE	SIGNED (Mo/Day/Yr)	22c. HOUR O		
	CType or Print) 23a. NAME AND ADDRESS OF CE	/	1	- N.	NOUNCED DEAD (Mo/Day/)		JNCED DEAD AT (Hour)	
		TIMOTHY OSBORN	E MD 1155 Mill St	. Reno, NV 8950	02	230. LICE	NSE NUMBER 11873	
REGISTRAR	24a. REGISTRAR (Signature)	BRIDGES SA SIGNATURE AUTHEN	TICATED		D BY REGISTRAR 24 lay 07, 2009	c. DEATH DUE TO CO	OMMUNICABLE DISEASE NO X	
CAUSE OF DEATH	PARTI (a) Cardiopulm	ENTER ONLY ONE CAUSE F	PER LINE FOR (a), (b), AM	łD (c).)		Interva	between onset and death	
CONDITIONS IF	(b) Septic shoo	76.		TT		interval	between onset and death	
GAVE RISE TO IMMEDIATE CAUSE ->	(c) Enterobact	consequence of: er pneumonia				Interval	between onset and death	
STATING THE UNDERLYING CAUSE LAST	Chronic my	consequence of: relodysplastic sync	drome			Interva	between onset and death	
	PART II					26. AUTOPSY (Specify Yes or No)	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
\ \	OR PENDING INVEST. (Specify)	Bb. DATE OF INJURY (Mo/Day/Y/)	28c, HOUR OF INJUS	1	OW INJURY OCCURRED			
v==	28e. INJURY AT WORK (Specify 2: Yes or No)	Bf. PLACE OF INJURY- At ho uilding, etc. (Specify)	me, farm, street, factory, o	ffice 28g. LOCATIO	N STREET OR R.F.D.	No. CITY OR TO	WN STATE	
· 2			OTATE	DECICEDAD				

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.

DEPUTY REGISTRAR

DATE ISSUED: MAY 1 8 2021 This copy not valid unless prepared on engraved bor

