

APN# 1318-23-610-026



00139377202109715090050058

KAREN ELLISON, RECORDER

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

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)

Signature

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-
 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

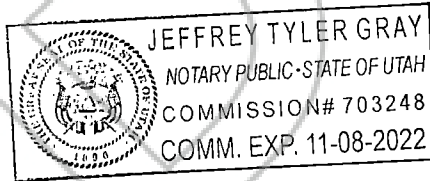
STATE OF Utah
COUNTY OF Utah

Subscribed and sworn to (or affirmed) before me on this 24 day
of May 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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF NEVADA

GRASS VALLEY, CALIFORNIA 95945

CERTIFICATE OF DEATH

3201929000773

Form with fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF NEVADA

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.

NOV 06 2019

DATE ISSUED

Signature of Kenneth Cutler, MD

Kenneth Cutler, MD County Health Officer

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CANEVADA01

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2009006504
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) Don Eugene FIENE		2. DATE OF DEATH (Mo/Day/Year) April 28, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 19, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Carolyn HEMSATH	
13. SOCIAL SECURITY NUMBER 9373		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Field Service Engineer		14b. KIND OF BUSINESS OR INDUSTRY Office Equipment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 285 Chimney Rock Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Herman FIENE	
17. MOTHER - NAME (First Middle Last Suffix) Dorothy MAU		18a. INFORMANT - NAME (Type or Print) Carolyn FIENE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 2762 Stateline, Nevada 89449	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 20		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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) TIMOTHY OSBORNE MD 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) May 01, 2009		21c. HOUR OF DEATH 17:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) TIMOTHY OSBORNE MD 1155 Mill St. Reno, NV 89502			
23b. LICENSE NUMBER 11873		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 07, 2009	
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) Septic shock		Interval between onset and death			
(c) Enterobacter pneumonia		Interval between onset and death			
(d) Chronic myelodysplastic syndrome		Interval between onset and death			
PART II		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		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

572650

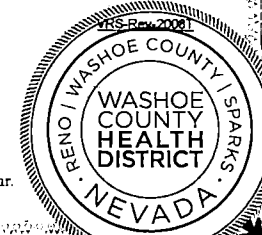
000419792 CERTIFIED COPY OF VITAL RECORDS

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 18 2021** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Handwritten Signature



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE