

APN# 1418-34-211-018

Recording Requested by/Mail to:

Name: Kaethe D. Lohr

Address: 9970 Hafflinger Ct.

City/State/Zip: Reno NV 89521

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

3246-JL

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)

J. Lane

Signature

J. Lane

Printed Name

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

RECORDING REQUESTED BY:
Signature Title Company

AND WHEN RECORDED MAIL TO:

Kaethe D. Lohr, Successor Trustee
9970 Hafflinger Ct
Reno NV 89521

A.P.N.: 1418-34-211-018
Order No.:
Escrow No.: ZC3246-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

Kaethe D. Lohr, of legal age, being first duly sworn, deposes and says:

That **Manfred C. Lohr** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Mandred C. Lohr**, trustee of the **The Lohr Trust under trust agreement date May 11, 1982**, named as one of the parties in that certain Quitclaim Deed dated **July 21, 1982**, executed by **Manfred C. Lohr and Karthe D. Lohr**, husband and wife, to **Manfred C. Lohr and Kaethe D. Lohr Trustees of the Lohr Trust under trust agreement dated May 11, 1982**, recorded as Instrument No. **71620, Book 1082 Page 484**, on **October 12, 1982**, of Official Records of **Douglas County, California** covering the following described real property situated in the County of **Douglas**, State of Nevada:

See attached exhibit "AS"

A section of the trust provides that if either **Trustee or Kaethe D. Lohr** is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, **Kaethe D. Lohr** is the sole Trustee of the above named Trust.

Dated: November 16, 2021

Kaethe D. Lohr Successor Trustee
Kaethe D. Lohr, Successor Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS


} ss:

This instrument was acknowledged before me on 11-30-2021

by Kaethe D. Lohr

J. Lane

Notary Public (seal)

 **J. LANE**
Notary Public-State of Nevada
APPT. NO. 98-1380-5
My Appt. Expires 04-09-2025

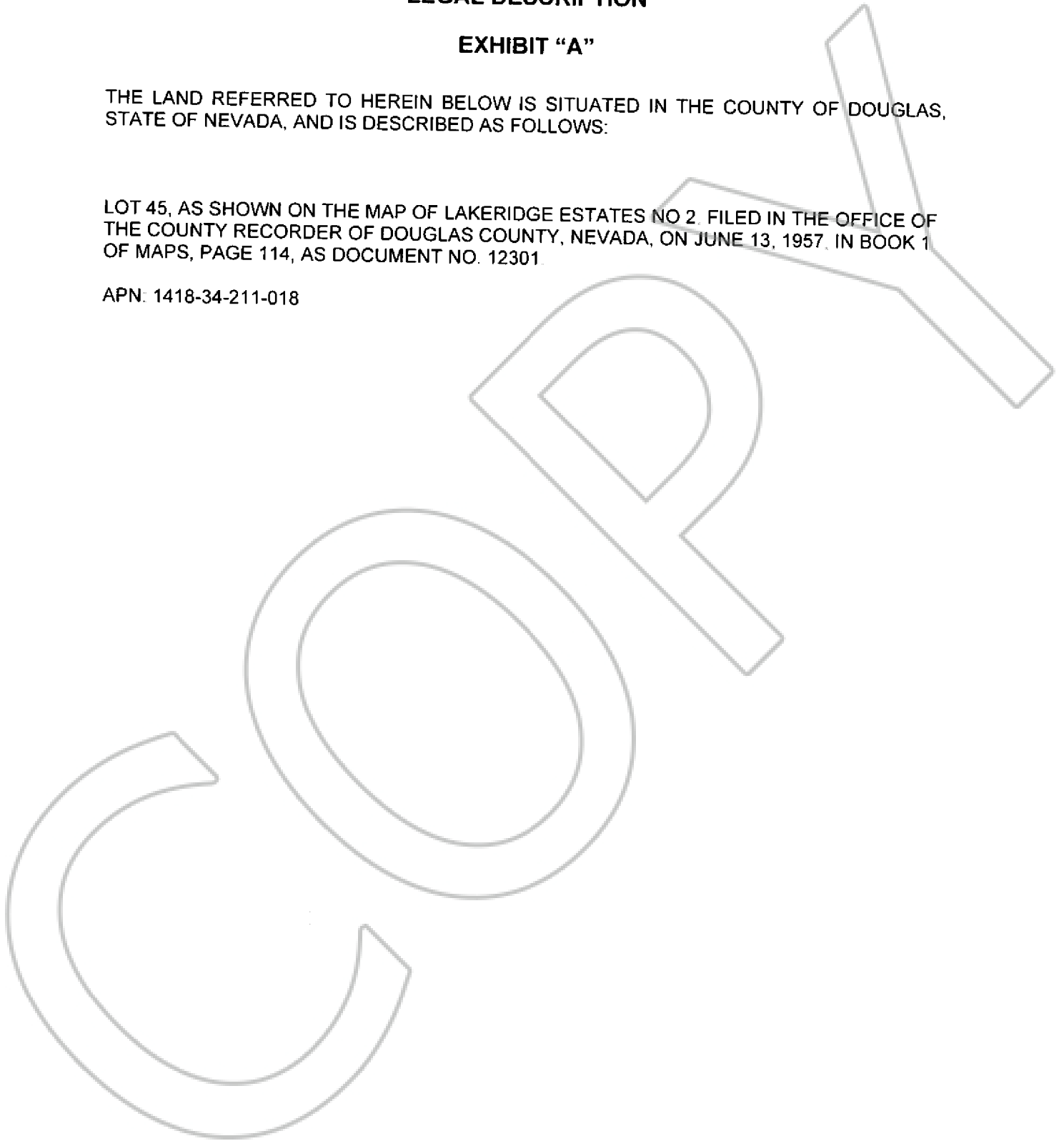
LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS,
STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

LOT 45, AS SHOWN ON THE MAP OF LAKERIDGE ESTATES NO 2, FILED IN THE OFFICE OF
THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 13, 1957, IN BOOK 1
OF MAPS, PAGE 114, AS DOCUMENT NO. 12301.

APN: 1418-34-211-018



**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4044509

CERTIFICATE OF DEATH

2018019498
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) Manfred C LOHR		2. DATE OF DEATH (Mo/Day/Year) October 04, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or apt. no.) 230 Cedar Ridge Dr		3e. If Hosp. or Inst. indicate DOA, QP, Emer. Rm. Inpatient (Specify) Home	
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 HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 23, 1935		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kaethe BRANDENBURG			
9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		13. SOCIAL SECURITY NUMBER [REDACTED]-5279			
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Hotel		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 230 Cedar Ridge Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Erich LOHR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha BINDENBERGER		18a. INFORMANT - NAME (Type or Print) Kaethe LOHR			
18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 11680 Zephyr Cove, Nevada 89448				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89708			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) ADAM WINDSOR			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) ADAM WINDSOR		
21b. DATE SIGNED (Mo/Day/Yr) December 12, 2018		21c. HOUR OF DEATH 10:51		22b. DATE SIGNED (Mo/Day/Yr) December 12, 2018	
22c. HOUR OF DEATH 10:51		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 04, 2018		22e. PRONOUNCED DEAD AT (Hour) 10:51	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Deputy Adam Windsor		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 446		24a. REGISTRAR (Signature) BREECE D FLORES			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2018		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) Gunshot Wound Of The Head				Interval between onset and death	
(b) 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) 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					
26. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify) Suicide		26b. DATE OF INJURY (Mo/Day/Yr) October 04, 2018		26c. HOUR OF INJURY 1051	
26d. DESCRIBE HOW INJURY OCCURRED Self inflicted Gunshot To Head		26. AUTOPSY (Specify Yes or No) Yes WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 203 Cedar Ridge Glenbrook Nevada	

STATE REGISTRAR

000749678



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:

12/24/2018

Julie Katchmar
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

