

A.P.N. No.:	1220-21-101-006
File No.:	1525184 CRF
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Janice M. Kriss	
1740 Westwood Drive	
Minden, NV 89423	

DOUGLAS COUNTY, NV **2022-979927**
 Rec:\$40.00
 \$40.00 Pgs=4 01/18/2022 02:30 PM
 STEWART TITLE COMPANY - NV
 KAREN ELLISON, RECORDER

(for recorders use only)

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Signature

Title/EO

Cindy Locker
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:
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WHEN RECORDED MAIL TO:
Janice M. Kriss

ORDER NO. 1525184
A.P.N. No.: 1220-21-101-006

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Washoe _____ } ss.

Janice M. Kriss of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated September 16, 2015, executed by Barry R. Buehler, a single man to Charles L. Kriss and Janice M. Kriss, Trustees of the Kriss Family Trust Dated 5-25-09, recorded as Instrument No. 2015-869732 of the Official Records of Douglas County, State of Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

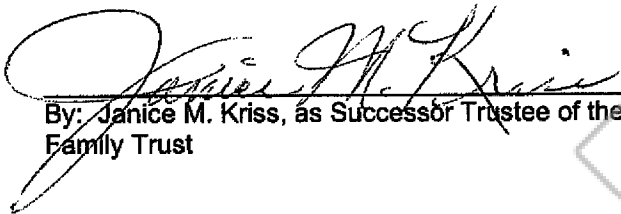
Being a portion of the Northwest 1/4 of Section 21, Township 12 North, Range 20 East, further described as follows:

Parcel 3-C, as set forth on Parcel Map for Gary and Janet Pierce, filed for record in the office of the County Recorder of Douglas County, State of Nevada on March 3, 1992, in Book 392, Page 189, as Document No. 272381, Official Records.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.


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Dated: 1-18, 2022


By: Janice M. Kriss, as Successor Trustee of the Kriss Family Trust

State of Nevada
County of Washoe

Subscribed and sworn to (or affirmed) before me on this 18 day of January, 2022 by Janice M. Kriss.

Signature  (Seal)
CINDY LOCKER



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4256257

2021 032571
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) Charles L KRISS		2. DATE OF DEATH (Mo/Day/Year) December 22, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) Carson Valley Medical Center		3d. If Hosp. or Inst. indicate DOA,OP/Emor, Rm, Inpatient(Specify) Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER 3283		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) DENTIST		14b. KIND OF BUSINESS OR INDUSTRY DOCTORS OFFICE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1740 Westwood Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles KRISS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Verna RENO		18a. INFORMANT - NAME (Type or Print) Janice KRISS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1740 Westwood Drive Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WILLIAM L ELZI MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) December 29, 2021		21c. HOUR OF DEATH 15:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) William L Elzi MD 1107 Highway 395 Gardnerville, NV 89410		23b. LICENSE NUMBER 17147			
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 29, 2021		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		Interval between onset and death			
(a) Metabolic Encephalopathy		Days			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Acute Renal Failure		Days			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Acute Blood Loss Anemia		Weeks			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) Diverticular Bleeding		Weeks			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes Type II, Chronic Atrial Fibrillation, Hypertension		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HON., 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	



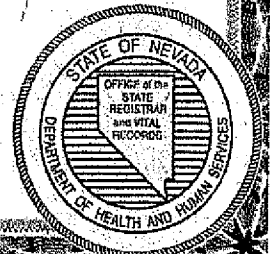
CERTIFIED COPY OF VITAL RECORDS

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: 12/30/2021

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

Janice Grissom
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE