

APN: 1219-03-001-022

Recording Requested By:  
HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:  
Barbara N. Kuehner, Successor Trustee  
254 Beverly Way  
Gardnerville, NV 89460

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

**AFFIDAVIT OF DEATH OF SETTLOR/GRANTOR**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

BARBARA N. KUEHNER, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That RICHARD ANDREW KUEHNER, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as RICHARD ANDREW KUEHNER, Settlor of the *Richard Andrew Kuehner Trust dated February 22, 2007*, and any amendments thereto, and named as one of the grantees in that certain Grant, Bargain, Sale Deed executed on May 13, 2017, by Guy W. Hoffman, Successor Trustee, the Bauer Family Trust dated May 13, 2010, and recorded on September 21, 2017, as Document No. 2017-904426 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 254 Beverly Way, Gardnerville, Douglas County, Nevada, and more precisely described as:

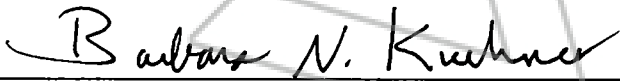
**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCES MADE A PART  
HEREOF**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 2017-904426 of Official Records of Douglas County, State of Nevada, on September 21, 2017.

BARBARA N. KUEHNER shall forthwith serve as successor Trustee of the *Richard Andrew Kuehner Trust, dated February 22, 2007*, and any amendments thereto.

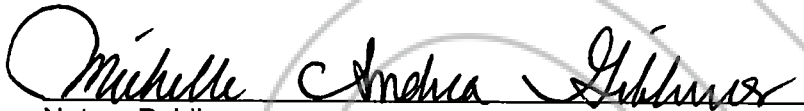
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

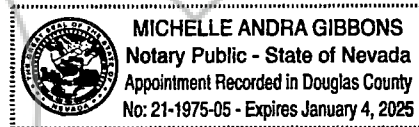
Dated: January 5, 2022.

  
\_\_\_\_\_  
BARBARA N. KUEHNER, Successor Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

On January 5, 2022, before me, a Notary Public, personally appeared BARBARA N. KUEHNER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

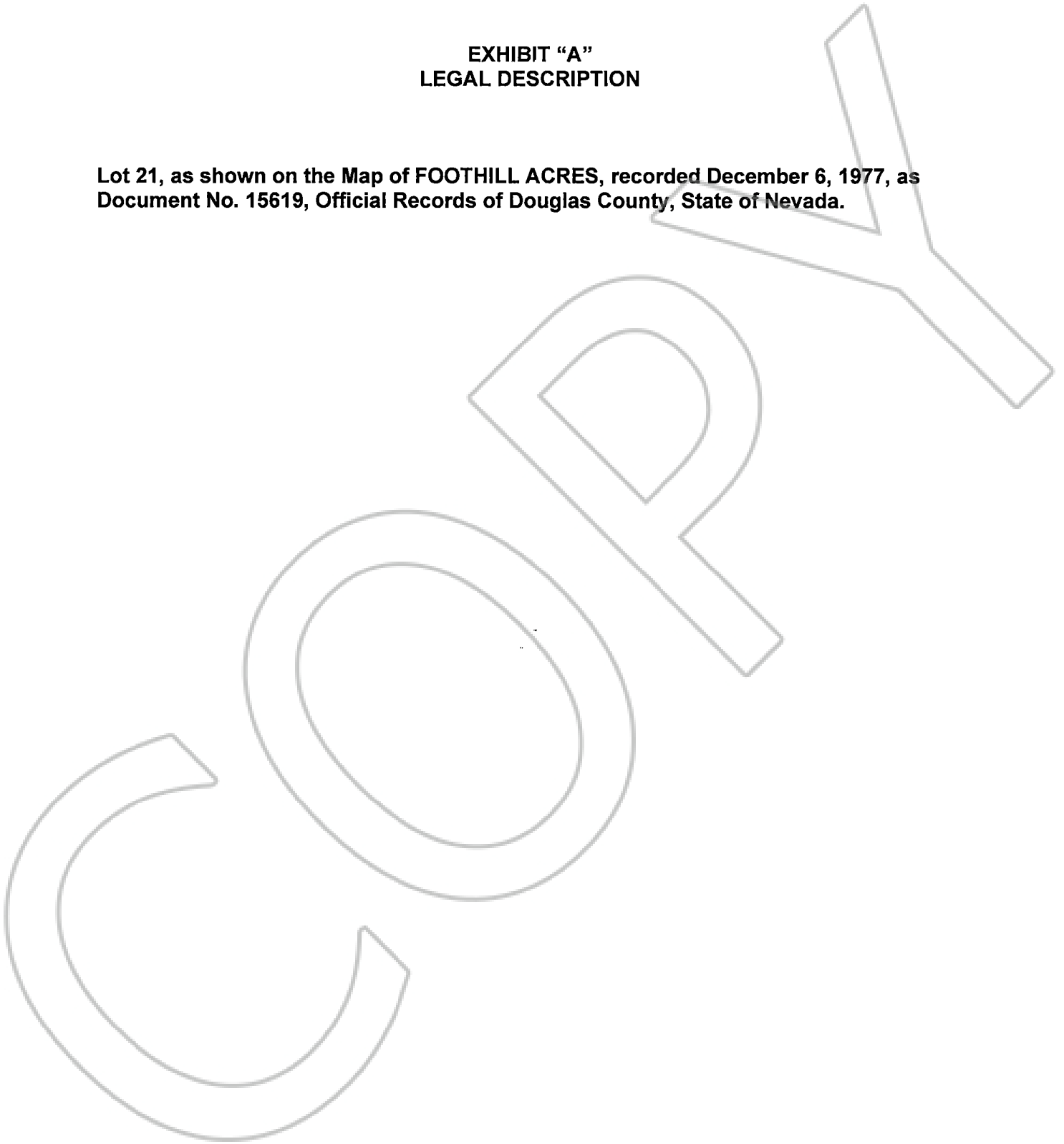
  
\_\_\_\_\_  
Notary Public



**APN: 1219-03-001-022**

**EXHIBIT "A"  
LEGAL DESCRIPTION**

**Lot 21, as shown on the Map of FOOTHILL ACRES, recorded December 6, 1977, as Document No. 15619, Official Records of Douglas County, State of Nevada.**





**EXHIBIT 1**

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*Certificate of Death, State of Nevada, RICHARD ANDREW KUEHNER, Deceased*

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4230832

**CERTIFICATE OF DEATH**

2021019675  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Andrew KUEHNER		2. DATE OF DEATH (Mo/Day/Year) August 17, 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 number) 254 Beverly Way		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Louise NADAL		8. DATE OF BIRTH (Mo/Day/Yr) September 26, 1940	
13. SOCIAL SECURITY NUMBER [REDACTED]-2564		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Exhibit Planning and Design		14b. KIND OF BUSINESS OR INDUSTRY United States Fish and Wildlife Service	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 254 Beverly Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Frederick KUEHNER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Madeleine PERRY	
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Barbara Louise KUEHNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 254 Beverly Way Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services	
19c. LOCATION City or Town State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	
20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DOUGLAS VACEK DO		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) August 19, 2021		21c. HOUR OF DEATH 10:35	
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)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419		23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 19, 2021	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiac Arrest			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Hypertension			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d)			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Parkinson's Disease		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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



CERTIFIED COPY OF VITAL RECORDS

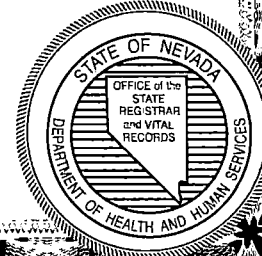
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

8/24/2021

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

*Blaise Satariano*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE