A.P.N. No.:	1320-32-717-006					
File No.:	1587242 WLD					
Recording Requested By:						
Stewart Title Company						
When Recorded Mail To:						
l l	When Recorded Mail To:					
Eloise K. Ket						
Eloise K. Ket						

 DOUGLAS COUNTY, NV
 2022-983256

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 Pgs=4
 04/01/2022 01:35 PM

 STEWART TITLE COMPANY - NV
 KAREN ELLISON, RECORDER

(for recorders use only)

Affidavit of Death of Trustee (Title of Document)

Please complete Affirmation Statement below:

☑ 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

Escrow Officer

Wendy Dunbar Print Signature

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

ORDER NO. 1587242
A.P.N. No.: 1320-32-717-006

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada County of Douglas

} ss.

Eloise K. Kettenburg 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 Quitclaim Deed dated February 9, 1999, executed by Sherwin H. Kettenburg and Eloise K. Kettenburg to Sherwin H. and Eloise K. Kettenburg, Grantors and Trustees, and subsequent Trustees of the Sherwin H. and Eloise K. Kettenburg Trust, a revocable living trust, recorded as Instrument No. 0474085 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

- 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;
- That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: March 28, 2022

By: Eloise K. Kettenburg, as Successor Trustee of The

Sherwin H. and Eloise K. Kettenburg Trust

State of Nevada County of Douglas

Subscribed and sworn to (or affirmed) before me on this 15th day of April , 2022 by Eloise K. Kettenburg.

Signature Lenne La Hawker- Mautton (Seal)

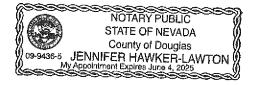


EXHIBIT "A" LEGAL DESCRIPTION

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

Commencing at the dividing line between lots 7 and 8 in Block A of HAWKINS ADDITION TO GARDNERVILLE, on Douglas Avenue; thence running Southeasterly along Douglas Avenue 24 feet; thence at right angles in a Northeasterly direction 170 feet to the alley; thence at right angle along the alley in a Northwesterly direction 41 feet into lot 8; thence at right angle in lot 8 in a Southwesterly direction 170 feet to Douglas Avenue; thence at right angle in a Southeasterly direction along Douglas Avenue 17 feet to the point of beginning.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on August 9, 1999, Book 899, Page 1594 as Document No. 474085 of Official Records.



STATE OF NEWADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ř.		LOCAL FILE NUMBER	3					/	ST	ATE FILE NUMBER	
TYPE OR PRINT	$\overline{}$	DECEASED—NAME First		Middle	Last	I .		(Month, Day, Year)		COUNTY OF DEATH	_
IN RMANENT		5. Sherwin		Η.	KETTENBURG	. ~	April .	1, 2004	\ \	3a Douglas	
LACK INK		CITY, TOWN OR LOCATION OF	DEATH	HOSPITAL OR OTHER	R INSTITUTION—Name (if not a	ither, give street	and number)	If Hosp, or Inst, indi-	ate DOA, O		-
	1	3b. Gardnerville		3c. 1465 Dou	glas Ave.			Rm. Inpatient (Spac 3e.	iry)	Male	
CEDENT		RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)	can Was		in? Specify yes on If yes, Bloan, etc.	AGE—Last	UNDER 1		DAY DA	TE OF BIRTH (Mo., Day, Yr.)	_
ķ.		indian, etc.) (Specify) 5. White	spe 6.	cify Mexican, Cuban, Puerfo	Rican, etc.	Birthday (Year		DAYS HOURS:	MINS		1
		STATE OF BIRTH		CITIZEN OF WHAT COUN-	Decedent's Education. Sp.	7a.82	7b. :	7c. :		December 2, 192	
F IF DEATH SOCCURRED IN		(If not U.S.A., name country)		TRY	grade completed.	eony mightest	MARRIED, NEV WIDOWED, DIV	ORCED			3)
SINSTITUTION SEE HANDBOOK		SOCIAL SECURITY NUMBER		9b. U.S.A.	10. 12		(Specify) Man	rried	12 E 10		
REGARDING EMPLETION OF		SOCIAL SECURITY NUMBER	1	Worlding Life, Even if Retired		ost of		NESS OR INDUSTRY			
SIDENCE ITEMS		-5872		_{14a.} Maintena:	nce Mechanic		796.		a Tra	nsportation	
		RESIDENCE—STATE	COUNTY	*	CITY, TOWN, OR LOCATION	N	STREE	T AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	Ĺ	15a.Nevada	15b.Do1	uglas	15c. Gardnervil	1e	15d] 4	465 Dougla	ıs Ave	e. 15e. Yes	
		FATHER—NAME First	·*····	Middle	Last MOT	HER— <i>MAIDEN</i> I		irst	Middle	Last	-
FENTS	Ļ	16. August		Kett	enburg 17.	Sc	phie			Heidtman	
	Ì	INFORMANT—NAME (Type or Pri	int)		MAILING ADDRESS		(Street or F	R.F.D. No., City or Tow	n, State, Zip))	-
		18a Eloise Kette	nburg	5	18b.1465 Do	uglas A	ve Ga	rdnervill	e. Ne	vada 89410	
	لم	BURIAL, CREMATION, REMOVAL	, OTHER (S	Specify) CEMETER	Y OR CREMATORY—NAME	1	7	LOCATION	City or To		_
		19a Burial		195, Ga:	rden Cemetery		/ /	l _{19c} Gardne	rvill	e, Nevada	
POSITION		FUNERAL DIRECTOR—SIGNATO	QE	l l		PRESS OF FACE	LITY Walte			ninty Mortuary	
		(Or Person acting as Such) 20a.	lain					en, Nevada			
	\geq	14411411-4	vledge, deat	7/0//	and place and		756			in my opinion death occurred s) and manner stated.	_
		OG (Signature and Title)	reo.	Hold &	Chambre 1. 0	J. J. 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	at the time, dat <i>mature and Title,</i>	▶	o the cause(s) and manner stated.	
!		DATE SIGNED (Mg., L	ay, Yr.)	HOUR OF DEA	ATH		TE SIGNED (Mo		HOUR OF	DEATH	-
-		21a. To the best of ray know four to the cause(s) state to the cau	13 2	00 4 21c.	0805	fred by the control of the control o		1	22c.		
शास्त्र		NAME OF ATTENDING	PHYSICIA	N IF OTHER THAN CERTIF	1,754		76.	AD (Mo., Day, Yr.)		CED DEAD (Hour)	-
		트립 G 21d.				F					
		NAME AND ADDRESS	OF CERTIF	FIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL EX	AMINER, OR CO	. ON DRONER). <i>(Type</i>	e or Print.)	22e. AT	LICENSE NUMBER	-
	Ĺ	23a. Rober/t	Chudi	ow 1700 Co	unty Rd., #B,	Minden	. Nevac	la 89423		236. 9491	
WDITIONS	1	REGISTRAR	ona.	7 2				(A) DEATH DUE TO			_
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£1/											
·	1	(b) DUE TO, OR AS A	CONSEQU	ENCE OF:					• Int	erval between onset and death:	_
a de de de la compansión de la compansió	7	(The state of the s	-				: "	ortal desired) orbot and deals	
USE OF		(c) PART OTHER SIGNIFICANT	CONDITION	iS—Conditions contributing t	to death but not resulting in the	underiving cause	niven in Part 1	ANTOPSY (S	peció MA	S CASE REFERRED TO	_
EATH		1				ariasily and occord	givon ann car i.	Yes		RONER (Specify Yes or No) NO	
diddid	١	ACC., SUICIDE, HOM., UNDET.,	DATE OF IN	NJURY (Mo., Day, Yr.) HOUS	R OF INJURY DESCR	IBE HOW INJUR	Y OCCURRED	26. NO	(2/.	NO -	_
Salesta	١	OR PENDING INVEST. (Specify)	28b.	28c.	M 28d.						
! \		28a. INJURY AT WORK		INJURY—At home, farm, s	street, factory, office LOCATI	ON,	STREET OR R	.F.D. No. (TY OR TO	WN STATE	_
\		(Specify Yes or No) 28e,	28f.	building, etc. (Spe	cify) 28g.					·	
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5	- 74	man and a second	-					P	ما	26/011	

STATE REGISTRAR

No. 264011



05822

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:

APR 0 2 2004

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

