

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1320-29-111-030
1319-22-000-003

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

DIETER H. C. MEUN, Trustee
1123 White Oak Loop
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, DIETER H. C. MEUN, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated January 10, 2005, HEDWIG M. MEUN and I executed the MEUN LIVING TRUST (the "Trust").
- (2) HEDWIG M. MEUN deceased on June 2, 2022, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said HEDWIG M. MEUN.
- (3) Said trust appointed me to serve as sole Trustee upon the death of HEDWIG M MEUN.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

EXHIBIT "A"

Legal Description for APN: 1320-29-111-030

Parcel 1:

Unit 309 as shown on that certain Record of Survey filed for record in the Office of the County Recorder of Douglas County, Nevada on June 9, 1997 in Book 697, at Page 1495 as Document No. 414454, Official Records being a Boundary Line Adjustment on the Final Map No. 1008-7A for WINHAVEN, UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, Nevada on November 17, 1995, in Book 1195, Page 2675, Document No. 374950, Official Records.

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

Property Address: 1123 White Oak Loop, Minden, Nevada 89423.

Legal Description for APN: 1319-22-000-003

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/2142nd interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Sections 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" West, 92.59 feet;

thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°00'00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998, at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 044993, and subject to said Declaration; with the exclusive right to use said interest for one Use Period every other year in even-numbered years in accordance with said Declaration.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

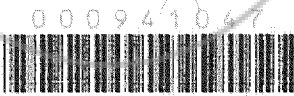
CASE FILE NO. 4286988

CERTIFICATE OF DEATH

2022013643
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Hedwig Mulder MEUN		2. DATE OF DEATH (Mo/Day/Year) June 02, 2022		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson-Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA/OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Netherlands		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dieter MEUN			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████0492		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Financial Analyst		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1123 White Oak Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Jan MULDER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hilda DOLEZEL		18a. INFORMANT - NAME (Type or Print) Dieter MEUN			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1123 White Oak Loop Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5680 S Virginia St. Suite 4-E Reno NV 89502	
	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 STEPHEN T HEWITT DO					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 07, 2022		21c. HOUR OF DEATH 03:36		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1107	
	24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 07, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Cardiopulmonary Arrest				Mins	
(b) Metastatic Breast Cancer				Interval between onset and death		
(c) Acute Blood Loss Anemia				Yrs		
(d) Lower Gastrointestinal Bleed				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (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		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN		STATE		

Information Corrected, State Affidavit# 75432, 07/08/2022 - 13



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:

7/8/2022

STATE REGISTRAR

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

