

DOUGLAS COUNTY, NV

2023-1001829

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\$40.00

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10/30/2023 01:22 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-33-816-029

Escrow No.: 23037315-SA

Recording Requested By:
First Centennial Title Company of Nevada
1352 Hwy 395, Ste 114
Gardnerville, NV 89410

When Recorded Return to:
FRANCES FRIESEN, TRUSTEE
400 FRIETLAND AVE
ATWATER, CA 95301

SPACE ABOVE FOR RECORDERS USE

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: (state specific law).



SIGNATURE

ESCROW OFFICER

SHERRY ACKERMANN

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

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1320-33-816-029
Escrow No. 23037315-SA

When Recorded Return to:
Frances Friesen, Trustees or their successors in
trust, under the Daniel I. Friesen and Frances Friesen
Family Wealth Trust, dated July 13, 2011 and any
amendments thereto
1353 E Marion Russell Drive
Gardnerville, NV 89410

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Frances Friesen, of legal age, being duly sworn, deposes and says

That Daniel I. Friesen the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Daniel I. Friesen named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 4, 2013 executed by Telgen Land and Cattle II, LLC, a limited liability company to Daniel I. Friesen and Frances Friesen, Trustees or their successors in Trust under the Daniel I. Friesen and Frances Friesen Family Wealth Trust, dated July 13, 2011 and any amendments thereto recorded as Instrument No.819840 , on March 12, 2013 in Book 313 Page 3042 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 54, in Block C, of Final Subdivision Map for Chichester Estates, Phase 11, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on December 27th, 2002, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003, in Book 0303, Page 13037, as Document No. 571430.

Assessors Parcel No.: 1320-33-816-029

The Friesen Family Wealth Trust

Frances Friesen
Frances Friesen, Trustee

Dated: 10-26-2023

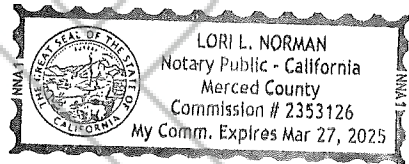
STATE OF CA

COUNTY OF Merced

This instrument was acknowledged before me on this 26 day of October, 2023, by

Frances Friesen _____

Lori L. Norman
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4364094

CERTIFICATE OF DEATH

2023017632
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Daniel Irvin FRIESEN		2. DATE OF DEATH (Mo/Day/Year) August 09, 2023		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) 1353 E Marion Russell Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 18, 1935			
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Frances Louise ALLAWAY			
13. SOCIAL SECURITY NUMBER [REDACTED]-3533		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) LETTER CARRIER		14b. KIND OF BUSINESS OR INDUSTRY POST OFFICE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1353 E Marion Russell Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jonathan G FRIESEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Myrtle M MURPHY		
18a. INFORMANT - NAME (Type or Print) Frances Louise FRIESEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1353 E Marion Russell Drive Gardnerville, Nevada 89410			
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 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		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) SIGNATURE AUTHENTICATED REED DOPF MD		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 14, 2023		21c. HOUR OF DEATH 09:06		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703	
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 14, 2023	
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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Malignant, Metastatic Cholangiocarcinoma DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes, Heart Failure		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) NATURAL		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.

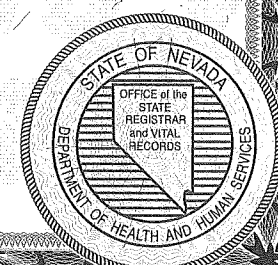
8/15/2023

DATE ISSUED:

Codey H. Murray

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE