

APN: 1420-33-312-063



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return to:  
HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, NV 89423

Mail Future Tax Statements To:  
MARY SUSAN CORNELL, Successor Co-Trustee  
1269 Conestoga Drive  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

MARY SUSAN CORNELL, 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 SHIRLEY ILLOMAE KLEIN, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as SHIRLEY ILLOMAE KLEIN, Settlor of the *Klein Family Trust, dated July 26, 1990*, and any amendments thereto, Grantee in that certain *Grant, Bargain and Sale Deed* dated February 8, 2010, and recorded on February 8, 2010, as Document No. 0758311 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1301 Wrangler Circle Minden, Douglas County, State of Nevada, more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description previously appeared in *Affidavit of Death of Settlor/Trustee of Trust* recorded on December 12, 2018, as Document No. 2018-923505.

MARY SUSAN CORNELL and STEVEN ANTHONY KLEIN shall forthwith serve as Successor Co-Trustees of the *Klein Family Trust, dated July 26, 1990*, 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.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Dated: December 29, 2023.


*Klein Family Trust U/D/T 07/26/1990*

*Mary Susan Cornell*  
\_\_\_\_\_  
MARY SUSAN CORNELL, Successor Co-Trustee/Trustee

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me, a Notary Public, on the 29<sup>th</sup> day of December, 2023, by MARY SUSAN CORNELL, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Michelle Andra Gibbons*  
\_\_\_\_\_  
Notary Public

 MICHELLE ANDRA GIBBONS  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"  
LEGAL DESCRIPTION**

**All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:**

**LOT 167 SETFORTH ON THE FINAL MAP OF WILD HORSE UNIT NO 6 A PLANNED UNIT DEVELOPMENT, FILED IN THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MARCH 15, 1994 IN BOOK 394 AT PAGE 2741 AS DOCUMENT NO. 332336.**

# EXHIBIT B

*Klein Family Trust*  
Deceased Grantor: SHIRLEY ILLOMAE KLEIN  
Date of Death: September 14, 2023

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***Nevada Certificate of Death, SHIRLEY ILLOMAE KLEIN***

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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. 4370265

**CERTIFICATE OF DEATH**

2023020173  
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) <b>Shirley Illomae KLEIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 14, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>1269 Conestoga Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>95</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>████████-4110</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1269 Conestoga Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 15, 1927</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clyde TEDRICK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Verna MANRING</b>		
18a. INFORMANT- NAME (Type or Print) <b>Mary Susan CORNELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1269 Conestoga Dr Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BETHANY J RASMUSSEN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Creations 1575 N Lompa Ln Carson City Nv 89701</b>	
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) <b>REED DOPF MD</b>			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) <b>September 15, 2023</b>		21c. HOUR OF DEATH <b>05:49</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>MARLI MORAIGNE REINHEIMER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 15, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Respiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Malignant, Metastatic Breast Carcinoma</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. <b>Coronary Heart Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



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.

*Cody D. Reininger*

DATE ISSUED: **9/19/2023**

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

