

APN: 1219-15-001-051

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:
Susan Louise Hagen
875 Bollen Circle
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF CO-TRUSTEE

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Susan Louise Hagen, Successor Trustee of the Uebele Family Trust, dated May 7, 1973, as restated and amended, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 875 Bollen Circle, Gardnerville, Nevada 89460, situated in the State of Nevada, County of Douglas, APN: 1219-15-001-051, more precisely described in **Exhibit A**, attached hereto and incorporated herein, was acquired and held by Dorothy May Uebele and Susan Louise Hagen, Co-Trustees of the Uebele Family Trust, dated May 7, 1973, by Affidavit - Change of Trustee, executed by Dorothy May Uebele on April 16, 2018, which deed was thereafter recorded with the Douglas County Recorder on April 17, 2018;

That Dorothy May Uebele died on December 26, 2022, as identified in Certificate of Death #2022030854, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That Dorothy May Uebele is the same person as Dorothy May Uebele, Co-Trustee of the Uebele Family Trust, dated May 7, 1973; and

That Affiant, Susan Louise Hagen, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Dorothy May Uebele's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: January 23, 2023

Susan Louise Hagen
Susan Louise Hagen, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on January 23, 2023, by Susan Louise Hagen.

Ramona L. Moyle
Notary Public

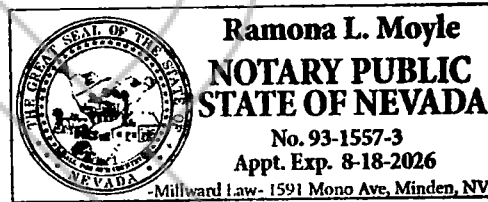


Exhibit "A"

Lot 78, as shown on the filed map of SHERIDAN ACRES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 14, 1968, as Document No. 42594.

(Pursuant to NRS 111.312, the above legal description previously appeared in Affidavit – Change in Trustee, recorded on April 17, 2018, as Document Number 2018-913048)

APN: 1219-15-001-051



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4325334

CERTIFICATE OF DEATH

2022030854
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) Dorothy UEBELE | | 2. DATE OF DEATH (Mo/Day/Year) December 26, 2022 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address number) The Chateau of Gardnerville | | 3e. If Hosp. or Inst. indicate DOA,OP/Emmer. Rm. Inpatient(Specify) Assisted Living Facility | |
| 4. SEX Female | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 92 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1930 | | 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) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER ██████████-8100 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| LIBRARIAN | | City | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 875 Bollen Circle | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Allen Henry BONNIFIELD | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Kate HOPKINS | |
| 18a. INFORMANT- NAME (Type or Print) Susan HAGEN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 875 Bollen Circle Gardnerville, Nevada 89460 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park | | 19c. LOCATION City or Town State Minden Nevada 89423 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD854 | | 20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423 | |
| 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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED | | | 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) January 03, 2023 | | 21c. HOUR OF DEATH 17:45 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 9114 | |
| 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 03, 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) Alzheimers Disease With Late Onset DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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. | | | | 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 | |



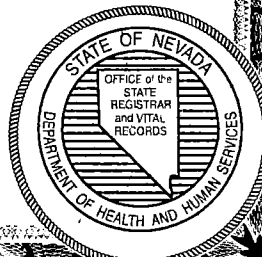
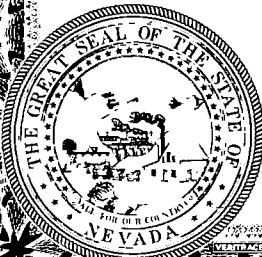
CERTIFIED COPY OF VITAL RECORDS

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: 1/4/2023

Scott Spangler
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