

APN# 1220-17-101-014

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Christiaan Kuijpers

Address: PO BOX 6006

City/State/Zip: Gardnerville NV 89460

AFFIDAVIT DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

E.TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
CHRISTIAAN KUIJPERS
PO BOX 6006
GARDNERVILLE NV 89460

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-17-101-014

File No.: 143-2662699 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

CHRISTIAAN MARTINUS KUIJPERS ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **ROBERT RUPERT POELL** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **JUNE 6, 2002** at **POST FALLS, IDAHO** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **DECEMBER 2, 1997** executed by **ROBERT R. POELL AND MARY M. POELL** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **QUITCLAIM DEED** dated **MARCH 23, 1998** which was recorded as Instrument No. **0436396** in Book **0498**, Page **0130**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

EXHIBIT 'A'

THE PORTION OF NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 12 NORTH, RANGE 20 EAST, MOUNT DIABLO BASE AND MERIDIAN, PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION 17, THENCE SOUTH 89° 40' 46" WEST A DISTANCE OF 2,638.34 FEET TO A POINT ON THE SOUTH RIGHT OF WAY LINE OF CENTERVILLE LANE (COUNTY ROAD); THENCE SOUTH 89° 36' 30" WEST ALONG SAID SOUTH RIGHT OF WAY LINE A DISTANCE OF 301.64 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING ALONG THE SOUTH RIGHT OF WAY LINE OF SAID CENTERVILLE LANE SOUTH 89° 36' 30" WEST A DISTANCE OF 181.64 FEET; THENCE LEAVING SAID RIGHT OF WAY LINE SOUTH 00° 23' 30" EAST A DISTANCE OF 360.54 FEET; THENCE NORTH 89° 36' 30" EAST A DISTANCE OF 181.64 FEET TO A POINT ON THE WEST LINE OF A ROADWAY AND UTILITY EASEMENT; THENCE NORTH 00° 23' 30" WEST ALONG THE WEST LINE OF SAID EASEMENT A DISTANCE OF 360.53 FEET TO THE TRUE POINT OF BEGINNING.

EXCEPTING THEREFROM, ALL THAT PORTION OF SAID LAND, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO WIT:

COMMENCING AT THE NORTHEAST CORNER OF SAID SECTION 17, PROCEED SOUTH 89° 40' 46" WEST, 2,638.34 FEET, AND SOUTH 89° 36' 30" WEST, 301.64 FEET ALONG THE SOUTHERLY BOUNDARY OF CENTERVILLE LANE, TO A POINT; THENCE SOUTH 0° 23' 30" EAST, 344.19 FEET, ALONG THE WESTERLY BOUNDARY OF A 60 FEET WIDE PUBLIC STREET EASEMENT, TO THE TRUE POINT OF BEGINNING, WHICH IS THE NORTHEAST CORNER OF THE PARCEL; THENCE SOUTH 0° 23' 30" EAST, 16.34 FEET, ALONG SAID WESTERLY STREET BOUNDARY, TO THE SOUTHEAST CORNER OF THE PARCEL; THENCE SOUTH 89° 36' 30" WEST, 28.10 FEET, TO THE SOUTHWEST CORNER OF THE PARCEL; THENCE NORTH 0° 23' 30" WEST, 16.34 FEET TO THE NORTHWEST CORNER OF THE PARCEL; THENCE NORTH 89° 36' 30" EAST, 28.10 FEET, TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED NOVEMBER 21, 2019 AS INSTRUMENT NO. 2019-938590.

Dated: 4-12-2023

DECLARANT:

CMK
CHRISTIAAN MARTINUS KUIJPERS

State of Nevada)
County of Washoe)
)ss

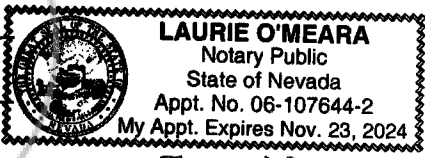
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada, this 12 day of April, 20 23 by Christiaan Martinus Kuijpers, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Laurie O'Meara*

My Commission Expires: 11-23-2024



Notary Name: Laurie O'Meara Notary Phone: 775-544-0869
Notary Registration Number: 06-107644-2 County of Principal Place of Business Washoe

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed JUNE 12, 2002

State File No. 2002-04148

DECEDENT - NAME ROBERT RUPERT POELL			AGE 66 YEARS		
DATE OF DEATH JUNE 06, 2002		SEX MALE	SOCIAL SECURITY NUMBER [REDACTED] 7559	DATE OF BIRTH MAY 04, 1936	BIRTHPLACE AUSTRIA
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	MARITAL STATUS MARRIED	SURVIVING SPOUSE (if wife, maiden name) MARY ZAMMIT		CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION POST FALLS			
FATHER - NAME JOHANN POELL				BIRTHPLACE AUSTRIA	
MOTHER - FULL MAIDEN NAME MAGDALENA STUBEGGER				BIRTHPLACE AUSTRIA	
NAME AND ADDRESS OF MORTUARY ENGLISH FUNERAL CHAPEL, INC., POST FALLS, IDAHO					
FUNERAL SERVICE LICENSEE/ ROGER ARGO					
METHOD OF DISPOSITION REMOVAL	TIME OF DEATH 3:30 A.M.		MANNER OF DEATH NATURAL		
CAUSE OF DEATH (underlying cause last) a. MYOCARDIAL INFARCTION					Approximate Interval Between Onset and Death 4 DAYS
b. DUE TO (or as a consequence of):					
c. DUE TO (or as a consequence of):					
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above TOBACCO ADDICTION					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER MICHAEL J. CARRAHER, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION			NAME		
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

This is a true and correct reproduction of the document officially registered and placed on-file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: JUNE 13, 2002

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

