

APN: 1318-15-611-073

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Justin J. Sinner, Esq.
c/o ALLING & JILLSON, LTD.
276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390

Pursuant to *NRS 440.380*, I, the undersigned, affirm that this document submitted for recording does not contain personal information of any person or persons.

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW Karl Backfisch, being first duly sworn deposes and says:

1. He is the sole serving Trustee of The Backfisch Family Trust;
2. That he was a Co-Trustee with Lotte Backfisch;
3. That as Trustees they acquired title to the certain real property situate in the County of Douglas, State of Nevada, APN 1318-13-611-073, more particularly described as follows:

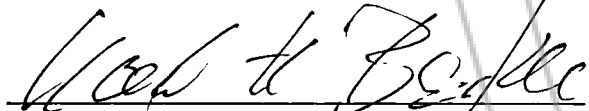
LOT 21 IN BLOCK B, AS SHOWN ON THE MAP OF ROUND HILL VILLAGE UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON APRIL 25, 1966 AS DOCUMENT NO. 31837.

4. That Lotte Backfisch died in Douglas County, Nevada, on or about May 31, 2023. The State of Nevada issued a Death Certificate, No. 2023014055, a copy of which is attached hereto as **Exhibit A** and incorporated herein by reference.

5. Pursuant to the trust instrument which states, "In the event of the death of either Karl or Lotte, or if any reason whatsoever one of them ceases to serve as a Trustee hereunder, the other shall serve as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of The Backfisch Family Trust.

[Signature and Notarial Page Follows]

IN WITNESS WHEREOF, Grantor and Trustee have executed this document on this 15th day of August, 2023.



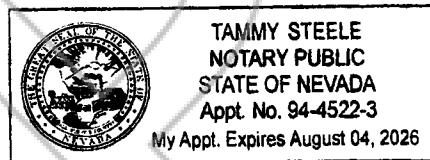
KARL BACKFISCH, Grantor/Trustee

STATE OF NEVADA)
) ss.
COUNTY OF Douglas)

This instrument was acknowledged before me on August 15, 2023, by Karl Backfisch.

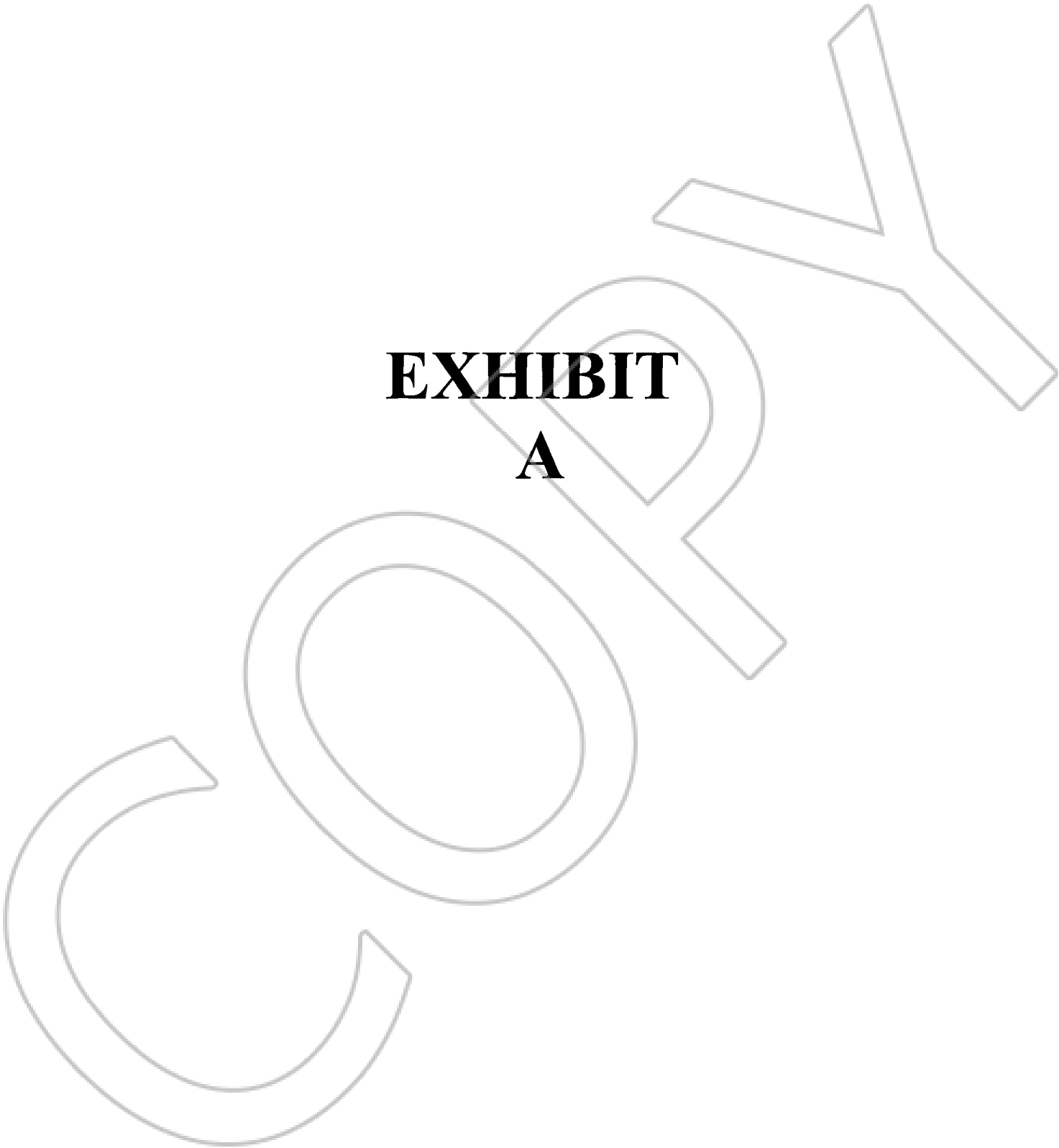


NOTARY PUBLIC



EXHIBIT

A



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4363490

CERTIFICATE OF DEATH

2023014055
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) Lotte Erna BACKFISCH		2. DATE OF DEATH (Mo/Day/Year) May 31, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name/(if not either, give street number) 453 Seminole Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 87		7c. UNDER 1 DAY HOURS MIN	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1935	
9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karl BACKFISCH			
13. SOCIAL SECURITY NUMBER 5064		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Travel Agent		14b. KIND OF BUSINESS OR INDUSTRY Wholesale Travel Agency	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 453 Seminole Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Willy BACKFISCH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Erna RUHL		
18a. INFORMANT- NAME (Type or Print) Karl BACKFISCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 453 Seminole Court Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAITLYN A OTTMANN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1003		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) Laura M Jensen Riley APRN 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) June 28, 2023		21c. HOUR OF DEATH 22:30		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) Laura M Jensen Riley APRN 155 Hwy 50 Stateline, NV 89449				23b. LICENSE NUMBER APRN845484	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Pancreatic Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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

Cody D. Hines

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.

7/10/2023

DATE ISSUED:

STATE REGISTRAR

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

