

APN 1318-10-417-043

WHEN RECORDED RETURN TO:

David J. Morris, Esq.
Aguirre Riley, P.C.
427 W. Plumb Lane
Reno, NV 89509

MAIL TAX STATEMENTS TO:

Rosa Michel and
Isabella Michel-Clark, Co-Trustees
2222 Denevi Dr.
Sparks, NV 89434

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person. (Per NRS 440.380)

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

ROSA MICHEL and ISABELLA MICHEL-CLARK, of legal age, being first duly sworn, depose and say:

1. HERMANN MICHEL, the Decedent referenced in the certified Certificate of Death attached hereto, died on March 2, 2024, and was, until his death, and is the same person as HERMANN MICHEL, Trustee of the MICHEL FAMILY REVOCABLE LIVING TRUST, dated October 9, 1982, in that certain Grant, Bargain, Sale Deed, dated February 3, 2000, executed by Hermann Michel and Rosa Michel, husband and wife as community property, recorded as Document No. 0488635 on March 27, 2000, Official Records of Douglas County, Nevada, covering the real property located at 621 Lakeview Drive, City of Zephyr Cove, County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and made a part hereof.

2. That upon the death of HERMANN MICHEL, ROSA MICHEL and ISABELLA MICHEL-CLARK became the successor Co-Trustees under the MICHEL FAMILY REVOCABLE LIVING TRUST, dated October 9, 1982.

Dated this 23 day of April 2024.

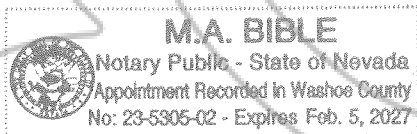
MICHEL FAMILY REVOCABLE
LIVING TRUST

By: Rosa Michel
ROSA MICHEL, Co-Trustee

Isabella Michel-Clark
ISABELLA MICHEL-CLARK, Co-Trustee

State of Nevada
County of Washoe

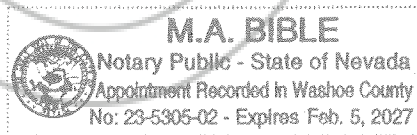
SUBSCRIBED and SWORN to (or affirmed) before me this 23 day of April 2024
by ROSA MICHEL.



[Signature]
NOTARY PUBLIC

State of Nevada
County of Washoe

SUBSCRIBED and SWORN to (or affirmed) before me this 23 day of April 2024
by ISABELLA MICHEL-CLARK .

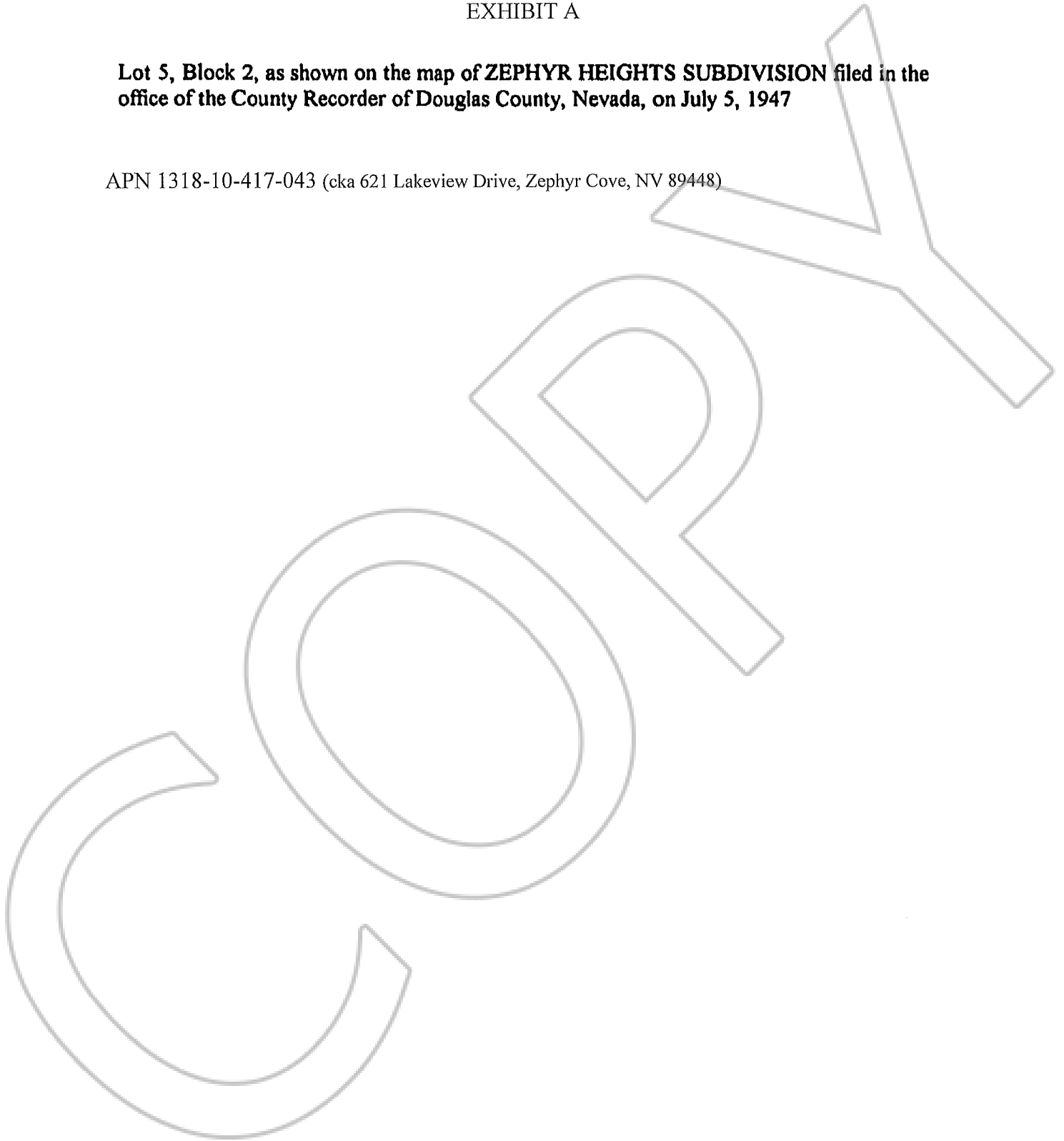


[Signature]
NOTARY PUBLIC

EXHIBIT A

Lot 5, Block 2, as shown on the map of ZEPHYR HEIGHTS SUBDIVISION filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1947

APN 1318-10-417-043 (aka 621 Lakeview Drive, Zephyr Cove, NV 89448)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

NORTHERN NEVADA PUBLIC HEALTH

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4400780

CERTIFICATE OF DEATH

2024005004
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) Hermann MICHEL		2. DATE OF DEATH (Mo/Day/Year) March 02, 2024		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 4145 Badger Circle		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) 91		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 18, 1932		9a. STATE OF BIRTH (If not US/CA, name country) Switzerland		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rosa REBER	
13. SOCIAL SECURITY NUMBER ██████████-9715		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Mechanic, Heavy Equipment, Engine		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 4145 Badger Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Johan MICHEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha WYSS		
18a. INFORMANT- NAME (Type or Print) Isabella MICHEL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2222 Denevi Dr. Sparks, Nevada 89434			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PAUL E NOELL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD903		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
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 DENVER J MILLER 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) March 08, 2024		21c. HOUR OF DEATH 04:19		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5070 Ion Dr Sparks, NV 89436			
23b. LICENSE NUMBER 7330		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 08, 2024		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				Interval between onset and death	
(a) Acute Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypoxia				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Prostate Cancer				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Etiology Unknown				Minutes	
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) 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	

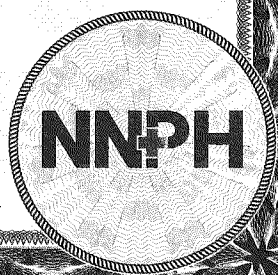
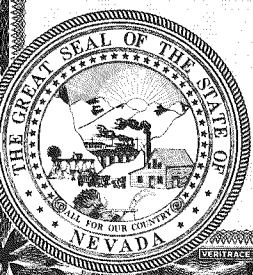
000544549 **CERTIFIED COPY OF VITAL RECORDS**

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.

3/11/2024 **DEPUTY REGISTRAR**

[Signature]
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE