

APN 1318-10-417-038

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 October 11, 1982, executed by Hermann Michel and Rosa Michel, husband and wife as community property, recorded as Document No. 72524 on October 26, 1982, Official Records of Douglas County, Nevada, covering the real property located at 605 Jerry 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.

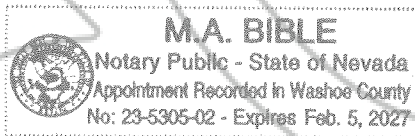
MICHEL FAMILY REVOCABLE  
LIVING TRUST

By: Rosa Michel  
ROSA MICHEL, Co-Trustee

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

State of Nevada  
County of Washoe

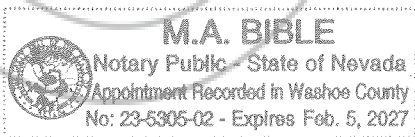
SUBSCRIBED and SWORN to (or affirmed) before me this 23 day of April 2024  
by ROSA MICHEL.



[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 .

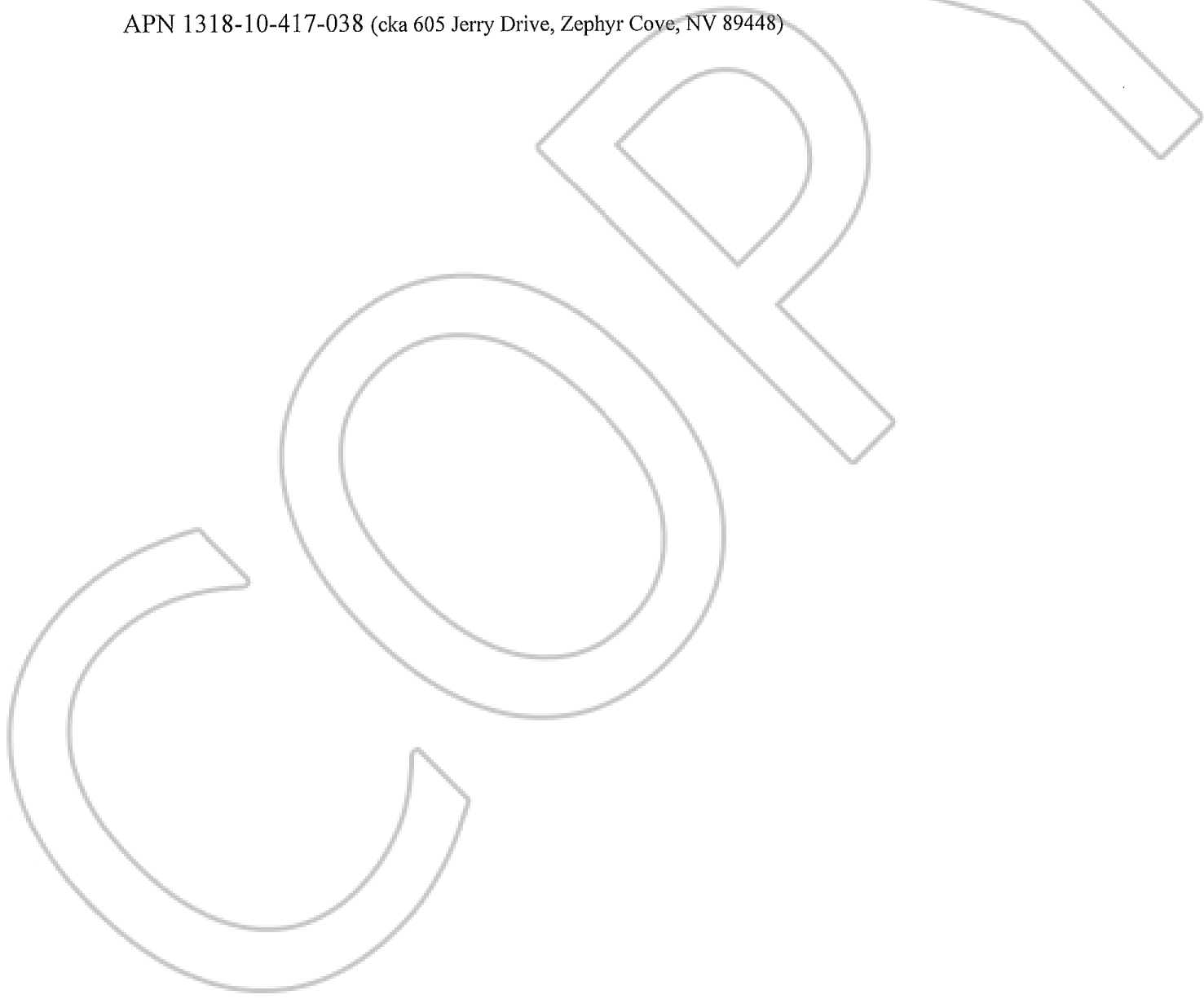


[Signature]  
NOTARY PUBLIC

EXHIBIT A

Lot 6, 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 1318-10-417-038 (aka 605 Jerry 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) <b>Hermann MICHEL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 02, 2024</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>4145 Badger Circle</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 18, 1932</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Switzerland</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Rosa REBER</b>	
13. SOCIAL SECURITY NUMBER <b>9715</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Mechanic, Heavy Equipment, Engine</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Repair (garage)</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>4145 Badger Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Johan MICHEL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Martha WYSS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Isabella MICHEL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2222 Denevi Dr. Sparks, Nevada 89434</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mountain View Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PAUL E NOELL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD903</b>		20c. NAME AND ADDRESS OF FACILITY <b>Mountain View Mortuary</b> <b>PO Box 5158 Reno NV 89513</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>SIGNATURE AUTHENTICATED</b> <b>DENVER J MILLER 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>March 08, 2024</b>		21c. HOUR OF DEATH <b>04:19</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Denver J Miller MD 5070 Ion Dr Sparks, NV 89436</b>			
23b. LICENSE NUMBER <b>7330</b>		24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 08, 2024</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				Interval between onset and death	
(a) <b>Acute Cardiopulmonary Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypoxia</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Prostate Cancer</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Etiology Unknown</b>				<b>Minutes</b>	
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) <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) <b>NATURAL</b>			
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	

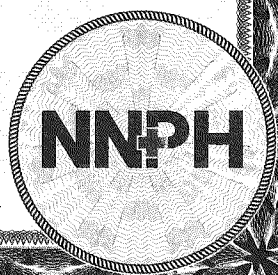
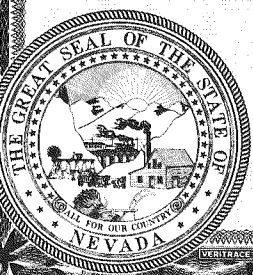
000544549 CERTIFIED COPY OF VITAL RECORDS

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 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