

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**
MANFRED & HUNT, LLP
2025 REDWOOD ROAD, STE. 5
NAPA, CA 94558



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:
Patricia U.M. Wartenweiler
2229 First Avenue
Napa, California 94558

AFFIDAVIT OF DEATH OF TRUSTEE

Patricia U.M. Wartenweiler, of legal age, being duly sworn, says:

On November 19, 1983, Franz A. Wartenweiler and Patricia U.M. Wartenweiler, as Trustors and Trustees, by a Trust Agreement created The Wartenweiler Family 1983 Revocable Trust (hereinafter "said Trust");

On November 19, 1983, Trustors executed a Grant Deed, recorded as Instrument No. 095594, in Book 284, Page 23, on February 1, 1984, in the Official Records of Douglas County Recorder, conveying to Franz A. Wartenweiler and Patricia U.M. Wartenweiler, as Trustees of said Trust, the hereinafter described real property;

On October 15, 2023, Franz A. Wartenweiler, one of said Trustees, died, as is set forth in the certified death certificate, attached hereto;

Said Trust provides that Patricia U.M. Wartenweiler thereupon became the Trustee of said Trust. Concurrently, Patricia U.M. Wartenweiler appointed Elke M. Wood and Pia J. Mooney to serve as Co-Trustees with her of the trust. Said appointment is attached hereto. Having accepted the office of Trustee, Patricia U.M. Wartenweiler, Elke M. Wood, and Pia J. Mooney are now the qualified and acting Co-Trustees of the Trust;

The property hereinabove mentioned, commonly known as 1287 Lincoln Park Circle, Zephyr Cove, Douglas County, Nevada, is described as follows:

PARCEL 1

Lot 17 in Block C, as shown on the map of LINCOLN PARK, filed in the Office of the County Recorder of Douglas County, Nevada, on September 7, 1921, in Book D of Miscellaneous, page 40A.

PARCEL 2

The Northerly 5 feet of Lot 3 in Block B, as shown on said map of Lincoln Park, for the benefit of Lot 17 in Block C, as shown on said map of Lincoln Park.

A.P.N. 03-163-10

Dated this 1st day of May, 2024

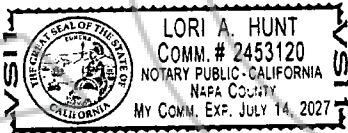
Patricia U.M. Wartenweiler

PATRICIA U.M. WARTENWEILER, as Trustee of The Wartenweiler Family 1983 Revocable Trust, under Trust Agreement dated November 19, 1983

The notary public completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF NAPA)

SUBSCRIBED and sworn to (or affirmed) before me on this 1st day of May, 2024, by PATRICIA U.M. WARTENWEILER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Lori A. Hunt

Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

3052023227680

CERTIFICATE OF DEATH

3202328001025

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) FRANZ		3. LAST (Family) WARTENWEILER	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 06/10/1936	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. Mths. Ds. 87	
9. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER [REDACTED]-4646		12. MARITAL STATUS/SHP* (at time of death) MARRIED	
13. EDUCATION - Highest Level/Degree DOCTORATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14/15. WAS DECEDENT HISPANIC/LATINO/VA/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/yyyy 10/15/2023	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHIROPRACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE	
18. YEARS IN OCCUPATION 35		20. DECEDENT'S RESIDENCE (Street and number, or location) 2229 FIRST AVE	
21. CITY NAPA		22. COUNTY/PROVINCE NAPA	
23. ZIP CODE 94558		24. YEARS IN COUNTY 46	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2229 FIRST AVE, NAPA, CA 94558	
28. INFORMANT'S NAME, RELATIONSHIP PATRICIA URSULA WARTENWEILER, SPOUSE		29. NAME OF SURVIVING SPOUSE/SRDP*-FIRST PATRICIA	
30. LAST (BIRTH NAME) FRAME		31. NAME OF FATHER/PARENT-FIRST WILLIAM	
32. MIDDLE -		33. LAST WARTENWEILER	
34. BIRTH STATE SWITZRLND		35. NAME OF MOTHER/PARENT-FIRST DOROTHY	
36. MIDDLE -		37. LAST (BIRTH NAME) RIPPEY	
38. BIRTH STATE UNK		39. DISPOSITION DATE mm/dd/yyyy 10/19/2023	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF SPOUSE, PATRICIA WARTENWEILER 2229 FIRST AVE, NAPA, CA 94558		41. TYPE OF DISPOSITION CREMATE/RESIDENCE	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TULOCAY CEMETERY FUNERAL HOME CREMATORY		45. LICENSE NUMBER FD1786	
46. SIGNATURE OF LOCAL REGISTRAR CHRISTINE WU, MD		47. DATE mm/dd/yyyy 10/19/2023	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY NAPA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2229 FIRST AVE	
106. CITY NAPA		107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) IN PROSTATE CANCER	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 STAGE 4 CHRONIC KIDNEY DISEASE, HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO	
113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Identified Since Decedent Last Seen Alive	
115. SIGNATURE AND TITLE OF CERTIFIER PAUL M LABAND, MD		116. LICENSE NUMBER C135481	
117. DATE mm/dd/yyyy 10/02/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL M LABAND, MD 414 S JEFFERSON STREET, NAPA, CA 94559	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED **OCT 23 2023**

Christine Wu
CHRISTINE WU, M.D.
HEALTH OFFICER/DEPUTY DIRECTOR FOR PUBLIC HEALTH

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CANAPA - 01

