

undivided one half (1/2) interest, in joint tenancy, under a Deed recorded June 12, 1981, Document No. 80705, Official Records, Eureka County, Nevada, of that certain real property situate in Eureka County, State of Nevada, more particularly described as follows:

Township 29 North, Range 48 East, M.D.B.&M.

Section 13: Northeast 1/4 Northeast 1/4 Northwest 1/4

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom in and under said land, reserved by Southern Pacific Land Company, a corporation, in Deed recorded September 24, 1951, in Book 24, Page 168, in Deed Records, Eureka County, Nevada.

NOTE (NRS 111.312): The above metes and bounds appeared previously in that certain Document No. 0211920, Official Records, Eureka County, Nevada.

5. That by reason of the demise of JOHN FREDRIC KUENZLI, II, the undersigned affiant is the sole owner of an undivided one half (1/2) interest, under the Deed on the above-described property.

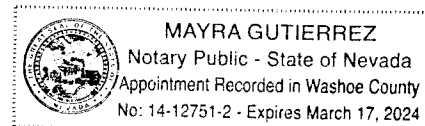
DATED: June 15, 2021.

Marilyn E. Kuenzli-Howell
Marilyn E. Kuenzli-Howell

STATE OF NEVADA)
) ss
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on
JUNE 15, 2021, by MARILYN E. KUENZLI-HOWELL.

Mayra Gutierrez
Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

49-001173

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) John		1B. MIDDLE Fredric		1C. LAST (FAMILY) Kuenzli, II		2A. DATE OF DEATH—MO. DAY, YR. April 6, 1990		2B. HOUR ED 1530		3. SEX Male	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. July 21, 1942		7. AGE IN YEARS 47		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH NV		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER John Fredric Kuenzli		10B. STATE OF BIRTH IL		11A. FULL MAIDEN NAME OF MOTHER Marilouise Bond		11B. STATE OF BIRTH IL	
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Marilyn Madsen					
16A. USUAL OCCUPATION Owner/Operator		16B. USUAL KIND OF BUSINESS OR INDUSTRY Mechanical Contract		16C. USUAL EMPLOYER Self Employed		18D. YEARS IN OCCUPATION 20		17. EDUCATION—YEARS COMPLETED 16			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2805 Thomas Jefferson Drive		18B. CITY 1 of 2		18C. ZIP CODE 89509		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Marilyn Kuenzli - Wife 2805 Thomas Jefferson Drive Reno, Nevada 89509					
19A. PLACE OF DEATH County Road		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA 47		19C. COUNTY Nevada		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 90-0460 <input type="checkbox"/> NO					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Skaggs Springs Rd. E/Annapolis Rd		19E. CITY Annapolis		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) INVESTIGATION PENDING		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN [Signature]		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Pending Investigation		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Mountain View Cemetery Reno, Nevada		34C. DATE MO. DAY, YEAR Apr 12 1990		35A. SIGNATURE OF EMBALMER [Signature]		35B. LICENSE NUMBER 7526		38. REGISTRATION DATE APR 09 1990	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Walton Funeral Home-Reno, Nevada		36B. LICENSE NO. 16		37. SIGNATURE OF LOCAL REGISTRAR [Signature]		38. REGISTRATION DATE		39. CENSUS TRACT		40. STATE REGISTRAR	

VS-11 (REV. 3-89)
041036

STATE OF CALIFORNIA
COUNTY OF SONOMA

MAKES THIS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL RECORD

DATE ISSUED **MAY 09 1990**

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Sonoma County Public Health Department.

[Signature]
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

STATE FILE NUMBER

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUT, OR OTHER ALTERATIONS

49-001173

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

IDENTIFICATION OF THE RECORD	1A. NAME—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. SEX
	JOHN	FREDRIC	KUENZLI, II	Male
	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE	5. DATE ORIGINAL FILED—MONTH, DAY, YEAR
	April 6, 1990 FD	Annapolis	Sonoma	Apr. 9, 1990

INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	INCORRECT INFORMATION ON ORIGINAL CERTIFICATE			
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	TIME BETWEEN ONSET & DEATH	22. WAS DEATH REPORTED TO CORONER?	
	IMMEDIATE CAUSE { (A) INVESTIGATION PENDING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	90-0460
	DUE TO { (B) 202		23. WAS BIOPSY PERFORMED?	
	DUE TO { (C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE			
29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY—MONTH, DAY, YEAR	31. HOUR
Pending Investigation		<input type="checkbox"/> YES <input type="checkbox"/> NO		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			

INFORMATION AS IT SHOULD BE STATED	INFORMATION AS IT SHOULD BE STATED			
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	TIME BETWEEN ONSET & DEATH	22. WAS DEATH REPORTED TO CORONER?	
	IMMEDIATE CAUSE { (A) Blunt force chest and head injuries		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	90-0460
	DUE TO { (B) None	Unk	23. WAS BIOPSY PERFORMED?	
	DUE TO { (C) None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE			
Coronary atherosclerosis, severe, occlusive (LAD)				
29. MANNER OF DEATH—SPECIFY ONE: NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY—MONTH, DAY, YEAR	31. HOUR
Accident	County Road	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4/6/90	Between 1400 hrs and 1530 hrs
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
W/B Stewart's Point - Skaggs Springs Rd.- 1.2 mile E/Annapolis Rd., Annapolis	Driver - sports car high rate of speed, lost control on curve, went over cliff			

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	7A. SIGNATURE OF PHYSICIAN OR CORONER	7B. DATE SIGNED
		<i>Dick Michaelson</i> Chief Dep. Cor.	5-7-90
		8A. NAME OF PHYSICIAN OR CORONER (TYPE OR PRINT)	8B. DEGREE OR TITLE
		Dick Michaelson, Sheriff-Coroner	Coroner
	8C. ADDRESS—STREET AND NUMBER OR LOCATION, CITY AND STATE		
	600 Administration Drive, Santa Rosa, California		
STATE/LOCAL REGISTRAR USE ONLY	9A. SIGNATURE OF STATE OR LOCAL REGISTRAR	9B. DATE ACCEPTED FOR REGISTRATION	
	<i>Beryl R. Brown MD</i>	MAY 09 1990	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 248 REV. 1/88

CERTIFIED COPY OF VITAL RECORDS

041012

STATE OF CALIFORNIA }
COUNTY OF SONOMA }

DATE ISSUED MAY 09 1990

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Sonoma County Public Health Department.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

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