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APN 03-121-06

V JOE RAPIC
P.O. BOX 1418
ZEPHYR COVE NEURDA
89448

When Recorded Mail to:

Myron D. White, Jr. Successor Trustee 5565 Eastwood Avenue Alta Loma, CA 91737

## **AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA

SS.

**COUNTY OF WASHOE** 

JOSEPH RAPIC, being duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That Christiane M. Rapic, the decedent mentioned in the attached Certificate of Death, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim, is the same person as Christiane White Rapic named as trustee in that certain Quitclaim Deed dated January 31, 1984 executed by Christiane M. Rapic, to Christiane White Rapic and her successors, as Trustees of the CHRISTIANE WHITE RAPIC REVOCABLE ESTATE TRUST UNDER AGREEMENT DATED APRIL 13, 1983, recorded as Document No. 099356, in Book 484, page 782, in official records of Douglas County, state of Nevada, concerning the following described real property situated in the County of Douglas, State of Nevada:

Lot 44, as shown on the map of CAVE ROCK ESTATES UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on January 3, 1962, as File No. 19323.

More commonly known as 275 Wren Circle, Zephyr Cove, Nevada

## APN <u>03-121-06</u>

That Christiane White Rapic died on the 23<sup>rd</sup> day of August 1999.

That your affiant makes this affidavit under penalty of perjury in accordance with

the laws of the State of Nevada.	
	2001
at MINDEN	, Nevada
	oses losia
	Joseph Rapic
SUBSCRIBED AND SWORN TO BEF	ORE ME
this $29^{th}$ da	ay of Octobes, 2001.
Sudre & Cham	
Signature of Notary	(Seal)
(My Commission Expires on	3-1-04
Mail Tax Statements to:	APN 03-121-06
JOSEPH RAPIC	
P. O. Box 1418	DEIDRE A. CHANEY
Zephyr Cove, NV 89448	Notary Public - Nevada
	Douglas County 96-1375-5
	My Appointment Expires March 1, 2004

## DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH** VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH 99 009648 STATE FILE NUMBER LOCAL FILE NUMBER DATE OF DEATH (Month, Day, Year) DECEASED-NAME First Middle Last IN PERMANENT Μ. RAPIC August 23, 1999 3a. Douglas Christiane If Hosp, or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) SEX BLACK INK CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 4 Female ∞ 610 Mottsville Lane 3e. 3b. Gardnerville DECEDENT RACE—(e.g., White, Black, American Indian, etc.) (Specify) AGE—Last Birthday (Years) Was Decedent of Hispanic Origin? Specify ☐ yesv no If yes, specify Mexican, Cuban, Puerto Rican, etc. UNDER 1 YEAR DATE OF BIRTH (Mo., Day, Yr.) MOS DAYS HOURS : MINS 7a. 76 7b. 8 January 9, 1923 5. White 7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUN-Decedent's Education. Specify highest SURVIVING SPOUSE (II wife, give maiden name IF DEATH TRY grade completed. OCCURRED IN INSTITUTION SEE HANDBOOK 9a. Belgium 9b. U.S.A. 10. 16 12 Joseph Rapic USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY 018 REGARDING COMPLETION OF Real Estate Business RESIDENCE ITEMS Self Employed 0968 RESIDENCE-STATE CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS COUNTY Lane (Specify Yes or No) 15d 610 Mottsville Yes 15a. Nevada Douglas Gardnerville MOTHER-MAIDEN NAME FATHER-NAME Last First Last PARENTS Mary Pothiers Gaston Rousseau Louise MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) INFORMANT-NAME (Type or Print) 18b. 610 Mottsville Lane, Gardnerville, Nevada 89410 18a. Joseph Rapic - Husband BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME LOCATION Eastside Memorial Park Gardnerville, Nevada DISPOSITION FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY LICENSE NUMBER L DIRECTOR—SIG on Acting as Such) Walton's Douglas County Mortuary 20c. 20a. > 1 MM 1478 Fourth Street, Minden, Nevada 89423 53 9 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) and manner stated. my knowledge, death occurred at the time, date and place and 17.0 (Title) (Signature and Title) Completed by VING PHYSIC DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) 22h 22c CERTIFIER 월호 PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) CERTI 22d. ON NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 23ь. 8365 1107 Hwy 395, Gardnerville, Nevada 89410 REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE CONDITIONS CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST NOX 24a. (Signature) 25. IMMEDIATE CAUSE ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death CHF DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death COPO (b)

CAUSE OF DEATH

DUE TO, OR AS A CONSEQUENCE OF: AUTOPSY OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.

Interval between onset and death WAS CASE REFERRED TO CORONER (Specify Yes or No)

Eduna L.E. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

LOCATION. STREET OR R.F.D. No.

CITY OR TOWN

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

STATE REGISTRAR

150815 No.

Yes

STATE



INJURY AT WORK (Specify Yes or No)

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

2000 5

26. NO

PG 1114 BK/061

REQUESTED BY 2001 OCT 31 PM 4: 16

> 0526746 BK 1001PGH 148

LINDA SLATER RECORDER

\$1700 KO DEPUTY