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Assessor's Parcel Number: 1419-11-002-015

Recording Requested By:

✓ Name: Wilhelm Hoppe

Address: 3422 Alpine Views Court

City/State/Zip Carson City, NV 89705

Real Property Transfer Tax: _____

REQUESTED BY
Wilhelm Hoppe
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2004 JAN 30 AM 8:28

WERNER CHRISTEN
RECORDER

\$ 17.00 PAID. KJ DEPUTY

Affidavit of Incumbency
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

0603277

BK0104PG10330

✓ When recorded mail to:
Wilhelm Hoppe
3422 Alpine View Court
Carson City, NV 89705

THE WILHELM AND ELKE HOPPE 1994 LIVING TRUST

AFFIDAVIT OF INCUMBENCY

STATE OF NEVADA)
) ss.
COUNTY OF CARSON)

I, Wilhelm Hoppe, do hereby swear under penalty of perjury that the assertions of this Affidavit are true; that I have personal knowledge of the facts stated in this Affidavit; and that if called as a witness, I would be competent to testify to them:

1. That my name is Wilhelm Hoppe; that I reside at 3422 Alpine View Court, Carson City, NV 89705.

2. That Co-Trustee, ELKE K. HOPPE of the **WILHELM AND ELKE HOPPE 1994 LIVING TRUST** died on December 26, 2003. That I am now the sole Trustee of the **WILHELM AND ELKE HOPPE 1994 LIVING TRUST**, created by the Trust Agreement dated September 1, 1994.

3. That a certified copy of the death certificate of ELKE K. HOPPE is attached as **Exhibit 1** and is incorporated by this reference.

Executed at the Carson City, State of Nevada, on January 29, 2004.

TRUSTEE:

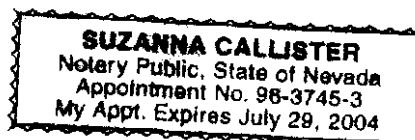
Wilhelm H. Hoppe
Wilhelm Hoppe

STATE OF NEVADA)
) ss.
COUNTY OF CARSON)

On this 29 day of January, 2004, before me, a Notary Public, personally appeared Wilhelm Hoppe, known to me (or proved) to be the person who executed the foregoing document, and acknowledged to me that he executed the same for the purposes therein stated.

Suzanna Callister
Notary Public

D:\1466\INCUMBCY.AFF



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Escrow No. DO-990683-DB

A.P.N. 15-091-050

The undersigned grantor(s) declare(s):
Documentary transfer tax is \$ 503.75
(x) computed on full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale
() Unincorporated area: () City of _____, and
() Realty not sold.

GRANT, BARGAIN, SALE DEED

That LORAIN E. DIX, SURVIVING TRUSTEE OF THE LORAIN E. DIX 1990 REVOCABLE TRUST In consideration of \$10.00 Dollars, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey to WILHELM HOPPE AND ELKE HOPPE, CO-TRUSTEES OF THE WILHELM AND ELKE HOPPE 1994 LIVING TRUST DATED SEPTEMBER 1, 1994 all that real property in the County of Douglas, State of Nevada, bounded and described as follows:

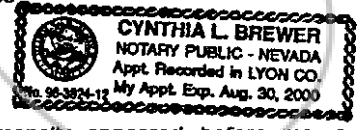
Lot 89 as shown on the map of ALPINE VIEW ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada on April 16, 1973 as File No. 65319.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: 7/28, 1999
THE LORAIN E. DIX 1990 REVOCABLE TRUST

Loraine H. Dix
Loraine H. Dix, Surviving Trustee

STATE OF NEVADA)
COUNTY OF Carson City)



on July 28, 1999 personally appeared before me, a Notary Public, Loraine H. Dix who acknowledged that she executed the above instrument.

Signature Cynthia L. Brewer
(Notary Public)

WHEN RECORDED MAIL TO:
Wilhelm H. Hoppe and Elke K. Hoppe
P.O. BOX 6861
INCLINE VILLAGE, NV 89450

REQUIRED BY
Northern Nevada Title Company
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUL 30 P3:03

0603277

0473534
BK0799PG5567

CLAUDE SLATER
RECORDER
7.00 PAID. AB DEPUTY

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE TATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last 1. Elke Karoline HOPPE		DATE OF DEATH (Month, Day, Year) 2. December 26, 2003		STATE FILE NUMBER		COUNTY OF DEATH 3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3422 Alpine View Court			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.		SEX 4. Female	
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 64	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. April 6, 1939		
STATE OF BIRTH (If not U.S.A., name country) 9a. Germany		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education Specify highest grade completed 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Wilhelm Hoppe			
SOCIAL SECURITY NUMBER 13. ██████████-0999		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Self-Employed		24b. 243	KIND OF BUSINESS OR INDUSTRY 14c. Pastry Business				
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 3422 Alpine View		INSIDE CITY LIMITS (Specify Yes or No) 15e. No		
FATHER—NAME First Middle Last 16. Erich Kieserling			MOTHER—MAIDEN NAME First Middle Last 17. Erna Dippel						
INFORMANT—NAME (Type or Print) 18a. Wilhelm Hoppe				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3422 Alpine View Court, Carson City, Nevada 89705					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory			LOCATION City or Town State 19c. Carson City, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. 1281 N. Roop St., Carson City, Nevada 89706						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		21c. HOUR OF DEATH 21e.		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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. 12-30-03 PRONOUNCED DEAD (Mo., Day, Yr.)		22c. HOUR OF DEATH 22d. 0715 PRONOUNCED DEAD (Hour) 22e. AT 0715		22f. ON 12/26/03 22g. AT 0715	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. James Booth, Deputy Coroner, P.O. Box 218, Minden, NV 89423								LICENSE NUMBER 23b. 387	
REGISTRAR 24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 30, 2003		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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	(a) Atherosclerotic Heart Disease			Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:									
PART II	(b)			Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:									
PART II	(c)			Interval between onset and death					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.									
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.					
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No.		CITY OR TOWN		STATE	

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STATE REGISTRAR

No.246967

I0079

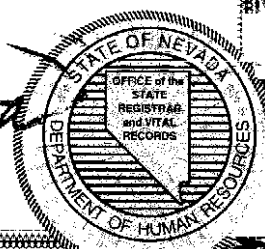
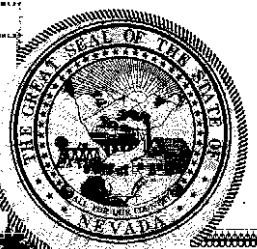
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

STATE REGISTRAR

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



[Signature]