

APN: 1219-03-001-007

When recorded and mail tax statements to:

Edeltraut Ruppel
230 Beverly Way
Gardnerville, NV 89410



AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

I, EDELTRAUT RUPPEL, aka Adele Ruppel, Surviving Trustee, being first duly sworn, depose and say:

THAT, HERBERT RUPPEL, died on or about October 06, 2009; and a copy of the Certificate of Death is attached hereto as Exhibit "A", and incorporated herein by this reference.

THAT, EDELTRAUT RUPPEL is Surviving Trustee of the RUPPEL FAMILY TRUST, dated October 15, 1997; the owner of all that certain real property situate in Gardnerville, Nevada, 89410, as more particularly described in that certain Quitclaim Deed, dated January 23, 1998, recorded in the Official Records of Douglas County, State of Nevada, as Document No. 431065 and more particularly described as follows:

Lot 6, as shown on the map of Foothill Acres, filed for record in the office of the county recorder of Douglas County, Nevada on December 6, 1977, as Document No. 15619.

THAT EDELTRAUT RUPPEL, is the Surviving Trustee of the RUPPEL FAMILY TRUST, dated October 15, 1997.

THAT as of this date, the said trust has not been amended or revoked, and Affiant is the surviving Trustee thereof.

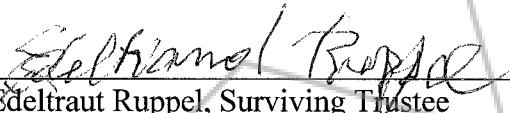
THAT this Affidavit was executed in Carson City, Nevada.



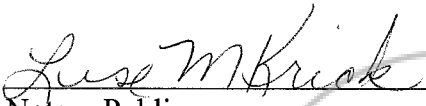
APN: 1219-03-001-007

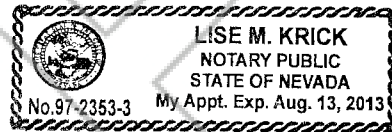
FURTHER Affiant sayeth naught.

Dated: November 23, 2009


Edeltraut Ruppel, Surviving Trustee
Aka Adele Ruppel

On November 23, 2009, personally appeared before me, a Notary Public, Edeltraut Ruppel, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009014656
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Herbert RUPPEL		2. DATE OF DEATH (Mo/Day/Year) October 06, 2009		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 230 Beverly Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Edeltraut KAROK	
PARENTS	13. SOCIAL SECURITY NUMBER ██████-9967		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner-operator		14b. KIND OF BUSINESS OR INDUSTRY Welding	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
ISPOSITION	15d. STREET AND NUMBER 230 Beverly Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Johann RUPPEL	
	17. MOTHER - NAME (First Middle Last Suffix) Augustine GUTSCH		18a. INFORMANT- NAME (Type or Print) Edeltraut RUPPEL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 230 Beverly Way Gardnerville, Nevada 89460	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Minden Nevada	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop, Carson City NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID HOWARD JOHNSON M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) October 06, 2009		21c. HOUR OF DEATH 08:05	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 12, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Coronary Artery Disease		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
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)		
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		

STATE REGISTRAR



BK-1109
PG-5227

754401 Page: 3 of 3 11/23/2009

VRS-Rev-20090802

296991

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: 10/13/2009

R. D. White
SIGNATURE AUTHENTICATED

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

PBNCQ (Rev 11/06)

