V

APN: 1321-29-001-014 RECORDING REQUESTED BY:

Douglas County - NV Karen Ellison - Recorder

05/11/2010 11:27 AM Deputy: KE
OFFICIAL RECORD
Requested By:

SUZANNE TOWSE

AND WHEN RECORDED MAIL TO:

Karen Ellison - Recorder age: 1 Of 3 Fee: 16.00

Robert Hupe Clo Greatinn

1511 Wildrose Drive

BK-0510 PG- 1728 RPTT: 0.00

Gardnerville, NV 89410

1222 Bobwite hane

Gardnerville NV 89440

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## **AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA	)	) SS.
COUNTY OF DOUGLAS	)	

Robert F. Hupe, as sole surviving Grantor and Trustee of the Survivor's Trust under The Hupe Family Trust Agreement dated 11/6/91 of legal age, being first duly sworn, deposes and says:

- Johanna Martha Hupe is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Johanna Hupe, Trustee, in that certain Declaration of Trust dated November 6, 1991 executed by The Robert Hupe and Johanna Hupe Family Trust, as Beneficiary.
- At the time of decedent's death, decedent was the Beneficiary, as Trustee, of certain real property by a deed of trust recorded on April 27, 2004, as Instrument No. 0618964, in Official Records of Douglas County, Nevada, describing the following real property:
  - Lot 3 of the Final Parcel Map for The 1995 Gregory C. Lynn and Suzanne Towse Trust Agreement date May 16, 1995 recorded July 10, 2007 in Book 0707, at Page 3209, as Document No. 704856 of Douglas County, Nevada.
- I am the surviving Trustee of the same trust under which said decedent held title as trustee pursuant to the deed of trust described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.



## STATE OF NEVADA

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH** 

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH** 

2015 0 0 0 3 6 9 6

•	LOCAL FILE NUMBI	 =D	· · · · · · · · · · · · · · · · · · ·	·	1 \	P0000000
TYPE R PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER
IN RMANENT ACK INK	1. Johann		HUPE	2 March 1	.8, 2005	3a Douglas
	35. Gardnervil		ER INSTITUTION—Name (# not eit .ldrose Drive	her, give street and number)	If Hosp. or Inst. indicate D Rm. Inpatient (Specify)	OOA, OP/Emer.   SEX 4 Female
EDENT	PACE—(e.g., White, Black, Ame indian, etc.) (Specify)		rigin? Specify ☐ yesX☐ no if yes,	AGE—Last UNDER 1	YEAR UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yc.)
]	5. White	6.		Birthday (Years) MOS : D 7a. 80 7b.	AYS HOURS MINS	December 1,1924
F DEATH COURSED IN ISTITUTION	STATE OF BIRTH (If not U.S.A., name country) 9a. Germany	TRY  9b. U.S.A.	N- Decedent's Education. Spec grade completed. 10. 12	MARRIED, NEVE WIDOWED, DIVO (Specify) Man		URVIVING SPOUSE (If wife, give maiden name Robert Hupe
E HANDBOOK BEGATOWS MPLETION OF	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (G Working Life, Even if Reta	ive Kind of Work Dane During Mos red)	t of KIND OF BUSH	NESS OR INDUSTRY	, Roberts, Rape
DENCE ITEMS	13. PESIDENCE—STATE		maker	14b.	wn Home	
<b>-</b>	15a Nevada	COUNTY 15b.Douglas	city, town, or location		TAND NUMBER 11 Wildrose	Dr. (Specify Yes or No.)No
OFNEO	FATHER NAME First	Middle	Last MOTH	1		ddle Last
RENTS	16. Walter		elker 17.	Frieda		Martin
	18a. Robert Hup	e``	7.	. 7	F.D. No., City or Town, Star Gardnervill	e, Nevada 89410
	BURIAL, CREMATION, REMOVA		RY OR CREMATORY—NAME alton's Sierra	Crowatory	ľ	y or Town State ity, Nevada
POSITION	FUNERAL DIRECTOR—SIGNAT (Or Rerson Acting as Such)		The state of the s	ESS OF FACILITY Walto		County Mortuar
5	20a. >/1mm	UNM MOUNTED.	09 200.1478 4	th St., Minde	n, Nevada	89423 음
	due to the offices(s) si	> Ch. Yhu	te and place and	≧ ar the time, date	and place and due to the	pation, in my opinion death occurred cause(s) and manner stated.
	ACTOR OF ACTION	122124	0800	DATE SIGNED (Mo.,		JR OF DEATH
RTIFIER	NAME OF ATTENDIN	G PHYSICIAN IF OTHER THAN CERT		PRONOUNCED DEA	22c. D (Mo., Day, Yr.) PRO	NOUNCED DEAD (Hour)
		S OF OFFICE D IN 1997 OF 1997	\	22d. ON		
l		s of Centifien (Physician, atten a Miller, M.D.,	1			LICENSE NUMBER
DITIONS	REGISTRAR	a marion, more,		D BY REGISTRAR (Mo., Day, Y)		
ANY H GAVE SE TO EDIATE	24a. (Signature) 25. iMMEDIATE CAUSE (E	ainie Evir	240. Ma		1	95t
AUSE TING THE ERLYING	PART (a) Al A	NTER ONLY ONE CAUSE PER LINE F	*OR (a), (b), AND (c).)	/		Interval between onset and death
SE LAST		CONSEQUENCE OF:	mes -			Interval between onset and death
4>1	(b) PULL TO, OR AS	LLADZO (AM A CONSEQUENCE OF:	cer			Interval between onset and death
ISE OF	(0)	^			•	interval between onset and death
ATH	PART OTHER SIGNIFICANT	CONDITIONS—Conditions contributing	to death but not resulting in the un	derlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	CORONER (Specify Yes or No)
1	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo.; Day, Yr.) HOL	JR OF INJURY DESCRIBE	HOW INJURY OCCURRED	26. NO	27. NO
1	(Specify) 28a.	286. 28c.	M 28d.			
	INJURY AT WORK (Specify Yea or No) 28e.	PLACE OF INJURY—At home, farm, building, etc. (Sp 28).	street, factory, office LOCATION ecify) 28g.	N. STREET OR R.F	.D. No. CITY O	OR TOWN STATE
					<b>A1</b>	077000
	The state of the s	CTATE OF	CICTOAD		NO	. 277099



T06734

**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.

PATE ISSUED:

DATE ISSUED:

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



BK- 0510 PG- 1730 05/11/2010

Dated May 7, 2010

The Survivor's Trust Under The Hupe Family Trust Agreement dated 11/6/91

ву:\_\_\_\_

Robert F. Hupe, Grantor and Trustee

STATE OF NEVADA, COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_\_day

of \_\_\_\_\_\_, 2010, by Robert F. Hupe, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature\_

