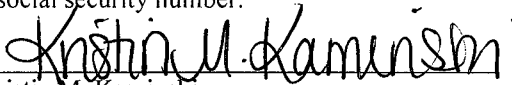


Requested By:  
Anderson, Dorn, & Rader, L.  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-612 PG-6220 RPTT: 0.00



This document does not contain  
a social security number.

  
Kristin M. Kaminski

APN: 1420-28-510-014

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Ste, 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Heidi DePuy, Trustee  
DePuy Living Trust  
2957 Santa Inez Drive  
Minden, NV 89423

**MAIL TAX STATEMENT TO:**

Heidi DePuy, Trustee  
DePuy Living Trust  
2957 Santa Inez Drive  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, HEIDI J. DePUY, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated August 03, 1994, RICHARD DePUY and I executed the DEPUY TRUST ("Trust").
- (2) Said trust appoints me to serve as Successor Trustee upon the death or incapacity of RICHARD DePUY.
- (3) RICHARD DePUY died on April 17, 2012 at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said RICHARD DePUY.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.



(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

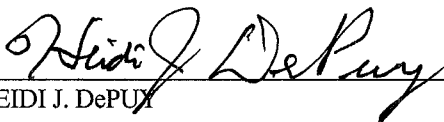
(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

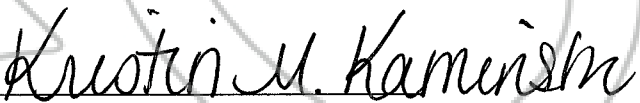
Executed on the 22<sup>nd</sup> day of June, 2012, at Reno, Nevada.

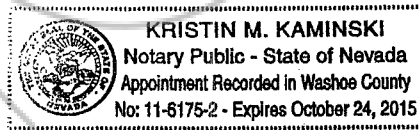
Trutor and Trustee:

  
HEIDI J. DePUY

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

This instrument was acknowledged before me on the 22nd day of June, 2012, by HEIDI J. DePUY.

  
Notary Public





## EXHIBIT "A"

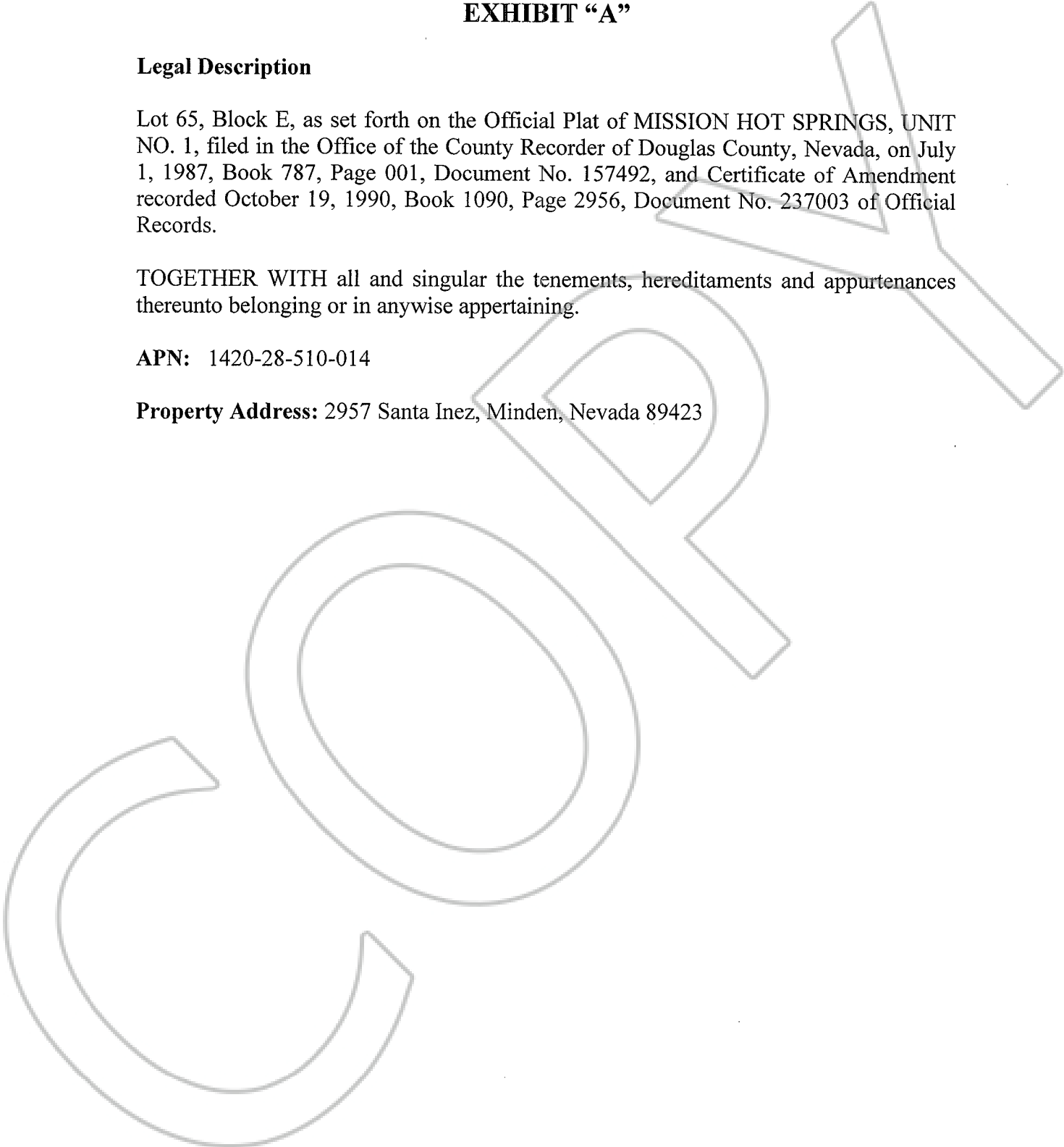
### Legal Description

Lot 65, Block E, as set forth on the Official Plat of MISSION HOT SPRINGS, UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on July 1, 1987, Book 787, Page 001, Document No. 157492, and Certificate of Amendment recorded October 19, 1990, Book 1090, Page 2956, Document No. 237003 of Official Records.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

**APN:** 1420-28-510-014

**Property Address:** 2957 Santa Inez, Minden, Nevada 89423



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2012006679  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Evans DEPUY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 17, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>2957 Santa Inez Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 08, 1938</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Indiana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Heidi Joan HUBBELL</b>	
13. SOCIAL SECURITY NUMBER <b>██████████4199</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Systems Analyst</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>F.A.A.</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2957 Santa Inez Dr</b>		15e. INSIDE CITY LIMITS (Specify Yr or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Addison Curtiss DEPUY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clare EVANS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Heidi J DEPUY</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2957 Santa Inez Dr. Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Watson's Sierra Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ROBERT J FLIEGLER M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>April 25, 2012</b>		21c. HOUR OF DEATH <b>10:09</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Robert J Fliegler M.D. 206 N Curry Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9310</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 26, 2012</b>		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).)					
PART I				Interval between onset and death	
(a) <b>Seizure</b>					
(b) <b>DUE TO, OR AS A CONSEQUENCE OF Lewey Body Dementia</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF Pulmonary Embolism</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF Unknown Etiology</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



BK 612  
PG-6223

804745 Page: 4 of 4 06/27/2012

VRS-Rev-20110325

434430

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: 05/09/2012

*R. J. Fliegler*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

