

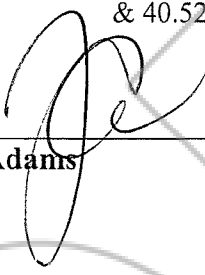
APN# : 1420-34-201-028
076168-TEA

DOUGLAS COUNTY, NV **2015-874704**
Rec:\$17.00
\$17.00 Pgs=4 12/30/2015 01:31 PM
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Robert J. Tupa
873 Wellington Cutoff
Wellington NV
89444

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature  _____
Traci Adams Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Robert J. Tupa, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Robert E. Tupa, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert E. Tupa named as one of the parties in that certain Grant, Bargain, Sale Deed dated 1/10/2002 executed by Robert E. Tupa and Patricia L. Tupa, husband and wife to Robert E. Tupa and Patricia L. Tupa, Co-Trustees of the Tupa Family Trust udt dated August 2, 1988, recorded as instrument No. 0532777, on 1/22/2002, in Book0102, Page 5873, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot B as set forth on Parcel Map for DOWNTOWN GRIZ CORPORATION filed for record in the office of the Douglas County Recorder on September 10, 1991 in Book 991, Page 1220, Document No. 259866 of Official Records.

Dated

12/10/15

The Tupa Family Trust dated August 2, 1988

Robert J. Tupa / Trustee
Robert J. Tupa, Successor Trustee

STATE OF NEVADA

COUNTY OF

Douglas

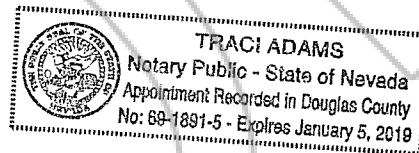
}SS

This instrument was acknowledged before me on

12/10/15

by Robert J. Tupa.

[Signature]
Notary Public



CERTIFICATION OF VITAL RECORD

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

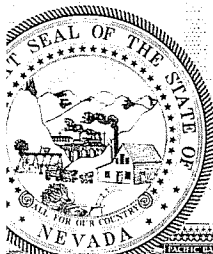
2013016888
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Edward TUPA			2. DATE OF DEATH (Mo/Day/Year) October 13, 2013		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
DECEASED	5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic	7a. AGE-Last birthday (Years) 88	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) June 18, 1925
	9a. STATE OF BIRTH (If not U.S.A.) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Patricia LAWLER
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ████████-██-6260		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Name Badges		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2707 Gordon Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert TUPA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline MALECHA			
	18a. INFORMANT - NAME (Type or Print) Mary TUPA			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 55 Walker Rd Petaluma, California 94952			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) GARRETT D SCHWARTZ M.D. SIGNATURE AUTHENTICATED			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) October 16, 2013		21c. HOUR OF DEATH 16:15		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	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) Garrett D Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410			23b. LICENSE NUMBER 9086			
REGISTRAR	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 17, 2013	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest						Interval between onset and death
	(b) Sepsis Syndrome						Interval between onset and death 24 Hours
	(c) Pneumonia, Aspiration						Interval between onset and death 24 Hours
	(d) Etiology Unknown						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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	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)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

3737739

VRS-Rev-20120523a



606813

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.

RudWhan

DATE ISSUED:

DEC 08 2015

STATE REGISTRAR

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

