

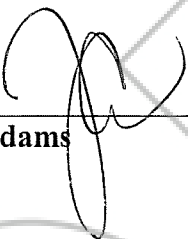
APN# : 1420-34-201-028
076168-TEA

DOUGLAS COUNTY, NV **2015-874705**
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
273 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 Patricia L. Tupa, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patricia L. 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

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on

12/10/13

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

2015014150

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

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

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

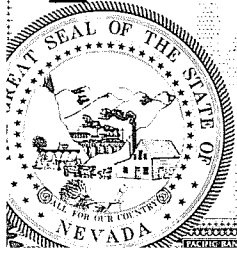
CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Patricia Louise TUPA		2. DATE OF DEATH (Mo/Day/Year) August 14, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 2707 Gordon Ave Home		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 18, 1927			
9a. STATE OF BIRTH (if not U.S.A.) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. SURVIVING SPOUSE (Maiden name)			
13. SOCIAL SECURITY NUMBER 8298		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Registered Nurse		Health Care		Ever in US Armed Forces? No	
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) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Norman J LAWLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise GAREY		
18a. INFORMANT- NAME (Type or Print) Robert TUPA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 273 Wellington Cutoff, Wellington, Nevada 89444			
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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title): SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.					
21b. DATE SIGNED (Mo/Day/Yr) August 19, 2015		21c. HOUR OF DEATH 13:50		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 2015		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 (a) Metastatic Malignant Melanoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I:				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)		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

3847788



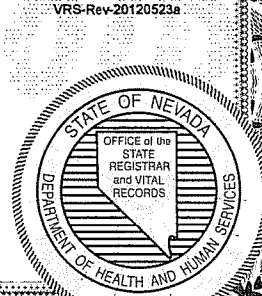
595022 CERTIFIED COPY OF VITAL RECORDS

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: **8/25/2015**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a