

APN# : 1420-33-510-024

DOUGLAS COUNTY, NV

2016-884529

Rec:\$17.00

\$17.00 Pgs=4

07/18/2016 12:13 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

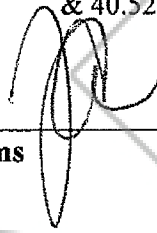
When Recorded Mail To:

Richard Collins Kappe

1329 Hwy 395 SE 10-107
Gardnerville NV
89410

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 TRUSTEE

Richard Collins Kappe, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Ernest Jerry Kappe, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ernest Jerry Kappe named as one of the parties in that certain Grant, Bargain, Sale Deed dated 5/22/2015 executed by Margarette Joyce Kappe, Trustee of the Ernest Jerry Kappe and Margarette Joyce Kappe Family Trust u.t.d. 3 July 2002 to Margarette Joyce Kappe, Trustee of the Ernest Jerry Kappe and Margarette Joyce Kappe Family Trust u.t.d. 3 July 2002 recorded as instrument No. 2015-863052, on 6/1/2015, and re-recorded concurrently herewith 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 4 in Block 2, as shown on the Official Map of MOUNTAIN VIEW ESTATES NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada on December 1, 1978 in Book 1278, Page 69, as Document No. 27818.

Dated _____

6/28/16

The Ernest Jerry Kappe and Margarett Joyce Kappe
Family Trust dated July 3, 2002

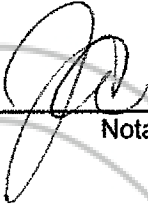

Richard Collins Kappe,
Successor Trustee

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 6/28/16

By Richard Collins Kappe.


Notary Public



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2008007949

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Ernest J KAPPE		2. DATE OF DEATH (Mo/Day/Year) May 17, 2008		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 and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 87		7b. UNDER 1 YEAR (MOS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) October 29, 1920		9a. STATE OF BIRTH (if not U.S.A., name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Margarette COLLINS	
13. SOCIAL SECURITY NUMBER 8713		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) U. S. Air Force		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1311 Raeline Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Frank KAPPE	
17. MOTHER - NAME (First Middle Last Suffix) Clemantine CANET		18a. INFORMANT - NAME (Type or Print) Margarette KAPPE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1311 Raeline Lane Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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 BOTTENBERG D.O. 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) May 20, 2008		21c. HOUR OF DEATH 04:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701			
23b. LICENSE NUMBER DO674		24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2008		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) Acute Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hyperlipidemia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
Type II Diabetes, Hypertension					
26. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		26a. DATE OF INJURY (Mo/Day/Yr)		26b. HOUR OF INJURY	
26c. DESCRIBE HOW INJURY OCCURRED					
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

Information Corrected, State Affidavit# 49412, 06/03/2008 - 13

517686

215842

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:

JUN 03 2008

STATE REGISTRAR

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

PHNCO 06/07/11/06

