

APN#: 1420-33-510-024

DOUGLAS COUNTY, NV **2016-884530**
Rec:\$17.00
\$17.00 Pgs=4 07/18/2016 12:13 PM
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

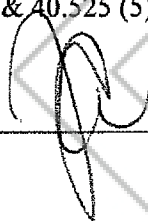
Western Title Company

When Recorded Mail To:

Richard Collins Kappe
1729 HWY 345 #10-107
Churchville 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 Margarette Joyce Kappe, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Margarette Joyce 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 Margarette Joyce Kappe
Family Trust dated July 3, 2002

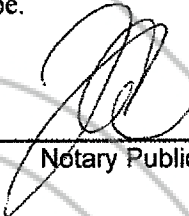

Richard Collins Kappe,
Successor Trustee

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on 6/28/10

By Richard Collins Kappe.


Notary Public

 **TRACI ADAMS**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 89-1891-5 - Expires January 5, 2019

CERTIFICATION OF VITAL RECORD

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

2015018385
STATE FILE NUMBER

| | | | | | | |
|--|---|---|--|--|---|---|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Margarette J KAPPE | | 2. DATE OF DEATH (Mo/Day/Year) October 23, 2015 | | 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 or Inpatient)(Specify) Continuicare Hospital of Carson Tahoe, Inc. Inpatient | | 4. SEX Female | |
| DECEDENT | 5. RACE - White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 93 | |
| | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 7c. UNDER 1 DAY | | 8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1922 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not U.S.A.) Texas | | 9b. CITIZEN OF WHAT COUNTRY? United States | | 10. EDUCATION 13 | |
| | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (Maiden name) | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER 8695 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| ISPOSITION | 15d. STREET AND NUMBER 1311 Raeline Ln | | 15e. Ever in US Armed Forces? No | | 15f. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond M COLLINS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruby E PRICE | | |
| TRADE CALL | 18a. INFORMANT-NAME (Type or Print) Shari A SMITH-MILLETT | | | 18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 6475 E Pacific Coast Hwy Ste 92, Long Beach, California 90803 | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| CERTIFIER | 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 Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701 | |
| | TRADE CALL - NAME AND ADDRESS | | | | | |
| REGISTERAR | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RUTH RHINES SIGNATURE AUTHENTICATED | | 21b. DATE SIGNED (Mo/Day/Yr) October 27, 2015 | | 21c. HOUR OF DEATH 08:55 | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22a. PRONOUNCED DEAD (Mo/Day/Yr) October 23, 2015 | | 22b. PRONOUNCED DEAD AT (Hour) 08:55 | |
| CAUSE OF DEATH | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St Carson City, NV 89701 | | | | 23b. LICENSE NUMBER 9307 | |
| | 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 2015 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | Interval between onset and death |
| | PART I | | | | | Interval between onset and death |
| (a) Stroke | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (b) Subdural Hematoma | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (c) Due To Fall | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (d) | | | | | 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, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) ACCIDENT | | 28b. DATE OF INJURY (Mo/Day/Yr) August 31, 2015 | | 28c. HOUR OF INJURY 1500 | | |
| 28d. DESCRIBE HOW INJURY OCCURRED Fell Backwards in Yard Hitting Head On The Ground | | 28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home | | 28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1311 Raeline Lane Minden Nevada | | |
| 28g. INJURY AT WORK (Specify Yes or No) No | | 28h. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | |

STATE REGISTRAR

602054

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: 11/5/2015

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

Ruth Rhines
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

