

APN: 1320-29-116-034

Escrow No.: 143-2526346

Mail Tax Statements to and
when recorded mail to:
Allison Jean Baumann
33095 California St
Lake Elsinore, CA 92530

DOUGLAS COUNTY, NV **2017-908285**
Rec:\$35.00
\$35.00 Pgs=2 12/20/2017 01:51 PM
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER

CERTIFICATE OF INCUMBENCY

Whereas, John C. Karp was the Trustee under that certain Trust entitled The 1998 Karp Family Trust, and listed as Grantee under that certain GRANT, BARGAIN AND SALE DEED recorded Douglas County in Book 0804 as Document No. 0620542 of Official Records, covering the following described property:

LOT 244 AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON AUGUST 4, 1994, IN BOOK 894 OF OFFICIAL RECORDS AT PAGE 692, AS DOCUMENT NO. 343273.

AND Whereas, John C. Karp is one and the same as named on that certain Certificate of Death attached hereto and made a part hereof.

Carole A. Karp is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE

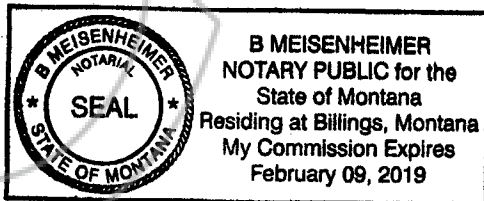
Carole A. Karp *Carole A Karp*

STATE OF: Montana
COUNTY OF: Yellowstone

This instrument was acknowledged before me on December 7, 2017 by

Carole A. Karpe

Signature *B Meisenheimer*
(Notary Public)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014011911
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) John Charles KARP JR		2. DATE OF DEATH (Mo/Day/Year) July 15, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Gardnerville Health and Rehabilitation		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1936		9a. STATE OF BIRTH (if not U.S.A. name country) California		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) Carole RANDOLPH	
13. SOCIAL SECURITY NUMBER 7622		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lieutenant Colonel		14b. KIND OF BUSINESS OR INDUSTRY U'S Army	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1117 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Charles KARP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ysabel MACY		
18a. INFORMANT - NAME (Type or Print) Carole KARP			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1117 Wisteria Drive 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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GRANT PETER ANDERSON M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 23, 2014		21c. HOUR OF DEATH 10:15		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)	
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) Grant Peter Anderson M.D. 1100 Caughlin Crossing Reno, NV 89519			
23b. LICENSE NUMBER 3156		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2014	
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) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Emphysema DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 			
25. 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) 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		28h. STREET OR R.F.D. No. CITY OR TOWN. STATE	

STATE REGISTRAR

3781332

540119

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: 08/04/2014

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

