

APN: 1420-35-310-012

**Recording Requested By  
And When Recorded Mail To:**

Charles S. Zumpft, Esq.  
Minden Lawyers, LLC  
P.O. Box 2860  
Minden, NV 89423

**Mail Tax Statements to:**

Seena Karen Drapala, Trustee  
1600 Jones Street  
Minden, NV 89423



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**AFFIDAVIT OF DEATH OF TRUSTEE**

Seena Karen Drapala, of legal age, being first duly sworn, deposes and says:

1. Joseph Michael Drapala, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joseph Michael Drapala named as Co-Trustee of the Drapala Family 2006 Revocable Trust.

2. At the time of the decedent's death, decedent was the record owner as Co-Trustee, of certain real property, which property is described in a Quitclaim Deed which was executed by Joseph Michael Drapala on November 9, 2006 and recorded as Instrument No. 0688587, on November 14, 2006, of the Official Records of the County of Douglas, State of Nevada.

3. The legal description of said property is specifically described as follows:

Lot 12 in Block A as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No. 514006

A.P.N. 1420-35-310-012

***Pursuant to NRS §111.312, this legal description was previously recorded on November 14, 2006 in the Official Records of Douglas County as Document No. 0688587.***

4. I am the named surviving sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

DATED this 11<sup>th</sup> day of November 2020.

By:

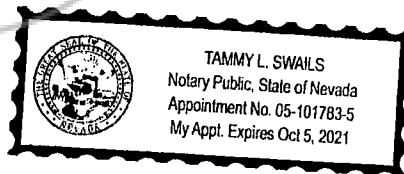
  
Seena Karen Drapala

State of Nevada  
County of Douglas

Subscribed and sworn to before me on this 11<sup>th</sup> day of November, 2020, by Seena Karen Drapala, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Signature Tammy L. Swails (Notary Seal)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

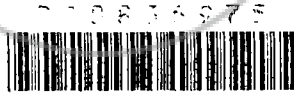
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4174466

**CERTIFICATE OF DEATH**

2020023657  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Joseph Michael DRAPALA JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 22, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>1600 Jones Street</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 05, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Seena Karen RASMUSSEN</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-8932</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Project Coordinator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>General Electric Company</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1600 Jones Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Michael DAPOWER</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary ZEGLN</b>		18a. INFORMANT- NAME (Type or Print) <b>Seena Karen DRAPALA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1600 Jones Street Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>REED DOFP MD</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>October 28, 2020</b>		21c. HOUR OF DEATH <b>15:00</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
REGISTRAR	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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 28, 2020</b>		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).)	
	25. IMMEDIATE CAUSE (PART I) (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF <b>Acute On Chronic Heart Failure</b> (b) <b>Ischemic Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF <b>Coronary Heart Disease</b> (c) <b>Coronary Heart Disease</b> DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Chronic Kidney Disease Pulmonary Hypertension</b>	
	28a. ACC., SUIQIDE, 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						



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.

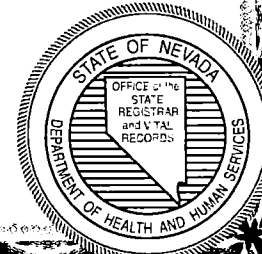
DATE ISSUED:

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

11/2/2020

STATE REGISTRAR

*John Storey*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE