

APN: 1420-34-110-005
WHEN RECORDED RETURN TO:

MIKE PAVLAKIS, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



00135633202109681510030039

KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Morgan Kugler
1604 Myles Way
Carson City, NV 89701

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

MORGAN KUGLER, being first duly sworn, deposes and says:

1. That THE JACK L. RUPPERT TRUST was established on November 14, 2016, and first amended on June 12, 2020.
2. That Grantor and Trustee, JACK L. RUPPERT, died on April 24, 2021, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.
3. That said Trust is the owner of all that real property located in Douglas County, State of Nevada, more particularly described as follows:

Lot 5, Block A, as set forth on the map of MOUNTAIN VIEW ESTATES, UNIT NO. 4, filed for record in the office of the Recorder of Douglas County, Nevada, on April 13, 1990, in Book 490, Page 1894, as Document No. 223927, Official Records.

(Pursuant to NRS 111.312 this legal description was previously recorded as Document No. 2019-937469 on October 31, 2019.)

Being Assessor's Parcel Number 1420-34-110-005.

4. That due to the passing of JACK L. RUPPERT, the currently acting sole Trustee of THE JACK L. RUPPERT TRUST is MORGAN KUGLER.

5. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

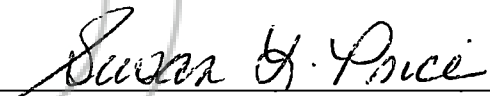
Further, Affiant sayeth naught.

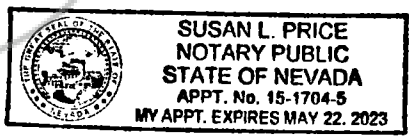
DATED this 25 day of May, 2021.


MORGAN KUGLER, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On May 25th, 2021, personally appeared before me, a notary public, MORGAN KUGLER, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4209727

CERTIFICATE OF DEATH

2021010471
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jack Lawrence RUPPERT		2. DATE OF DEATH (Mo/Day/Year) April 24, 2021		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-6374		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CAR SALESMAN		14b. KIND OF BUSINESS OR INDUSTRY DEALERSHIP	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2754 Kayne Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Larry J RUPERT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucy GERGEN		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Morgan Coffey KUGLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1604 Myles Way Carson City, Nevada 89701			
	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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		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) CRAIG RAU MD 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) April 28, 2021		21c. HOUR OF DEATH 21:45		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 29, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	(a) Cardiorespiratory Failure				Interval between onset and death	
PART II	(b) Gastrointestinal Hemorrhage				Interval between onset and death	
	(c) Dementia				Interval between onset and death	
(d) Unknown Etiology				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.				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		
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		



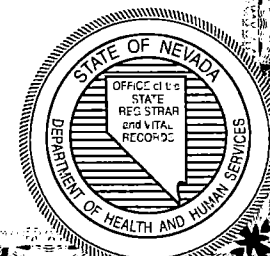
CERTIFIED COPY OF VITAL RECORDS

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: **4/30/2021**

Jan J. [Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE