

APN# 1319-33-002-024

DOUGLAS COUNTY, NV **2021-968411**
Rec:\$40.00
\$40.00 Pgs=7 06/01/2021 03:44 PM
TOIYABE TITLE
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Toiyabe Title

Address: 6774 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Maverick Springs

Address: 6770 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Affidavit of Successor Trustee

Title of Document (required)

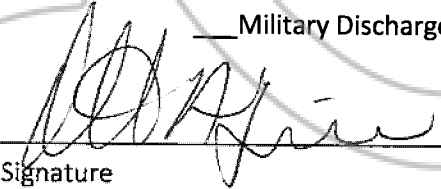
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Otto Aguirre

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1319-33-002-024

ESCROW NO.: 2112754

RECORDING REQUESTED BY:

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131

WHEN RECORDED MAIL TO:

*Toiyabe Title
6774 S McCarran Blvd Ste 102A
Reno, NV 89509*

AFFIDAVIT OF SUCCESSOR TRUSTEE(S) OF The Ruppel Family Trust dated October 15, 1997

I, Willi Ruppel , am/are of legal age, being first duly sworn, deposes and says:

- 1) Herbert Rupel and Edeltraut Ruppel, the decedents named in the attached c copy of the Certificate of Death, is the same persons named in that Trustees Deed, dated September 5, 2008, and recorded October 17, 2008, as Document No. 0731585 in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I, Willi Ruppel , am the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

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

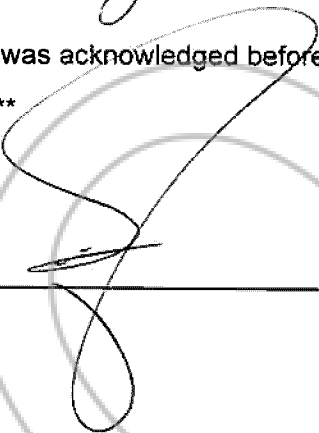
Dated: April 29, 2021


Trustee
Willi Ruppel, Successor Trustee

State of Nevada

County of ~~Washoe~~ Douglas

This instrument was acknowledged before me on this 29th day of April, 2021,
by Willi Ruppel. **



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009014656
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) Herbert RUPPEL		2. DATE OF DEATH (Mo/Day/Year) October 06, 2009		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) 230 Beverly Way		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Edeltraut KAROK	
13. SOCIAL SECURITY NUMBER ██████-9967		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner-operator		14b. KIND OF BUSINESS OR INDUSTRY Welding	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 230 Beverly Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Johann RUPPEL	
17. MOTHER - NAME (First Middle Last Suffix) Augustine GUTSCH		18a. INFORMANT - NAME (Type or Print) Edeltraut RUPPEL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 230 Beverly Way Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Minden Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID HOWARD JOHNSON M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) October 06, 2009		21c. HOUR OF DEATH 08:05	
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)	
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) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 12, 2009		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) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
26. ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. INJURY AT WORK (Specify Yes or No)		26. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26. DESCRIBE HOW INJURY OCCURRED	
27. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

3 02983

296983

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: 10/13/2009

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

PNCO (Rev.) 1/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev.20090902



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3726426

2013014798
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 STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Edeltraud RUPPEL		2. DATE OF DEATH (Mo/Day/Year) August 04, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 230 Beverly Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) December 23, 1925	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA, name country) Germany		8b. CITIZEN OF WHAT COUNTRY United States		8c. EDUCATION 12	
9. SOCIAL SECURITY NUMBER 2595		10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14a. USUAL OCCUPATION HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 230 Beverly Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Even in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) KAROK			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) Gertrude HAYES			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 864 Sheridan Lane Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
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) J. MCKONE		22b. DATE SIGNED (Mo/Day/Yr) September 10, 2013	
		22c. HOUR OF DEATH 09:30		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 04, 2013	
		22e. PRONOUNCED DEAD AT (Hour) 09:30			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) J. MCKONE P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 301	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2013		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		Interval between onset and death			
(a) Arteriosclerotic Cardiovascular Disease		Interval between onset and death			
(b) Hypertension		Interval between onset and death			
(c) 		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 I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, NOM., 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	

000859632



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: 3/23/2021

STATE REGISTRAR

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

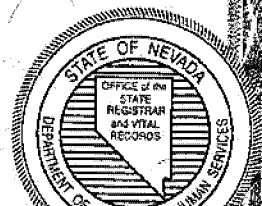


Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 1-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.

COPY



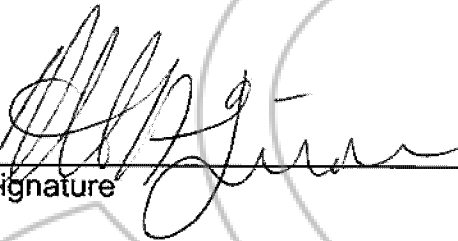
Douglas County Recorder's Office
Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>
kellison@co.douglas.nv.us
(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

06/01/2021
Date

Otto Aguirre
Printed Name