

DOUGLAS COUNTY, NV

2024-1006036

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TICOR TITLE - GARDNERVILLE

SHAWNYNE GARREN, RECORDER

APN # 1320-33-311-011
ORDER NO.: TTR2400095A

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
1483 US Highway 395 N, Suite B

Gardnerville, NV 89410

AFFIDAVIT DEATH OF TRSUTEE
(Title on Document)

By: Rishelle Thompson
Print Name/Title: Escrow Officer

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

APN: 1320-33-311-011

Escrow No.: TTR2400095A-RT

When Recorded Mail Document To:

Patricia Joyce Hollowell, Successor Trustee
1290 Kimbles Way
Gardnerville, NV 89410-5850

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada

COUNTY OF Douglas

Patricia Joyce Hollowell, Successor Trustee, being of legal age, and first duly sworn, deposes and says:

1. That Robert William Ruppel the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in The Robert Ruppel Revocable Trust established March 20, 2020, dated March 20, 2020 executed by Robert Ruppel, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1290 Kimbles Way, Gardnerville, NV 89410-5850, which property is described in the deed which was signed by Robert W. Ruppel, a widower as Grantor(s) and recorded as Instrument No. 2020-943934 of Official Records on March 25, 2020. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

FOR LEGAL DESCRIPTION OF THE REAL PROPERTY, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

3. I, Patricia Joyce Hollowell, Successor Trustee am the named Successor 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of 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.

AFFIDAVIT - DEATH OF TRUSTEE

(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

The Robert Ruppel Revocable Trust established March 20, 2020

BY: Patricia Joyce Hollowell

Patricia Joyce Hollowell, Successor Trustee

State of NEVADA

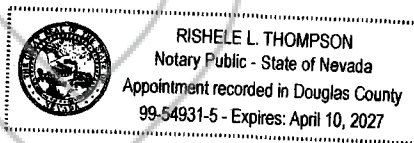
County of DOUGLAS

This instrument was acknowledged before me on this 21 day of March, 2024, by

PATRICIA JOYCE HOLLOWELL

Notary Public

[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. 4392728

CERTIFICATE OF DEATH

2024001061
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) Robert William RUPPEL | | | 2. DATE OF DEATH (Mo/Day/Year) January 18, 2024 | | 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) 1290 Kimbles Way | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home | | 4. SEX Male |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 95 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) May 06, 1928 |
| 9a. STATE OF BIRTH (If not US/CA, name country) Colorado | | 9b. CITIZEN OF WHAT COUNTRY UNITED STATES | 10. EDUCATION 20 | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) |
| 13. SOCIAL SECURITY NUMBER 1647 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Education | | Ever in US Armed Forces? Yes |
| 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Gardnerville | 15d. STREET AND NUMBER 1290 Kimbles Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry George RUPPEL | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Myrtle THOMPSON | | | |
| 18a. INFORMANT - NAME (Type or Print) Patricia Joyce HOLLOWELL | | | 18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1290 Kimbles Way Gardnerville, Nevada 89410 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park | | 19c. LOCATION City or Town State Minden Nevada 89423 | | |
| 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 Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423 | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JENNIFER L WHITMORE DO 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) January 19, 2024 | | 21c. HOUR OF DEATH 18:42 | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 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) Jennifer L Whitmore DO 7842 W Sahara Ave Las Vegas, NV 89117 | | | | | 23b. LICENSE NUMBER DO2579 | |
| 24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2024 | | 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).) | | | | | | Interval between onset and death |
| PART I (a) Senile Degeneration Of The Brain | | | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset and death |
| (b) Lewy Body Dementia | | | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset and death |
| (c) | | | | | | 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) 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 | 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.

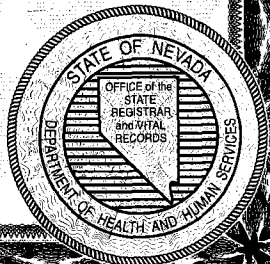
Cody D. Grissom

DATE ISSUED:

1/24/2024

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
Legal Description

Order No.: TTR2400095A

For APN/Parcel ID(s): 1320-33-311-011

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 11, Block A, as set forth on Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296, at Page 1286, as Document No. 402540, and by Certificate of Amendments recorded November 22, 2000, Book 1100, at Page 4362, as Document No. 503768 and recorded July 17, 2001, Book 701, Page 3929, as Document No. 518479.

