

APN# 1420-08-314-030

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: Tamara P. Koepnick, Trustee

Address: 3497 Long Dr.

City/State/Zip: Minden, NV 89423

(For Recorder's use only)

Mail Tax Statement to:

Name: Tamara P. Koepnick, Trustee

Address: 3497 Long Dr.

City/State/Zip: Minden, NV 89423

*Applicant Re: Death of Initial Co-Trustee
And Assumption of Trusteeship By Surviving Trustee
(Title of Document)*

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380

(State specific law)

Anabel Burchfield
Signature

OFFICE MANAGER
Title

Anabel Burchfield
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN # : 1420-08-314-030
RECORDING REQUESTED
AND RETURN TO:
Tamara P. Koepnick, Trustee
3497 Long Dr.
Minden, NV 89423

MAILTAX STATEMENTS TO:
Tamara P. Koepnick, Trustee
3497 Long Dr.
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

SEE ATTACHMENT "EXHIBIT 'A'"

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, TAMARA P. KOEPNICK, hereby declares that, GARY L. KOEPNICK, died on NOVEMBER 12, 2023, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as GARY L. KOEPNICK, named as one of the initial Trustee in that certain Declaration of Trust titled the KOEPNICK FAMILY TRUST DATED OCTOBER 12, 2010.

Declarant further declares that she is the surviving Co-Trustee named in the Declaration of trust and that she hereby assumes the position of sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 2 nd day of July, 20 24, in the City of Reno,
County of Washoe, State of Nevada.

VERIFICATION

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



TAMARA P. KOEPNICK, Trustee of
the KOEPNICK FAMILY TRUST DATED
OCTOBER 12, 2010

STATE OF NEVADA

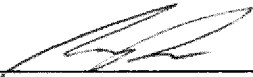
)

) SS:

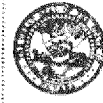
COUNTY OF WASHOE

)

Personally came before me this 2nd day of July, 2024, the above named TAMARA P. KOEPNICK, to me known to be the people who executed the foregoing instrument and acknowledged the same.



Anabel M. Burchfield, Notary Public
Washoe County, Nevada
My Commission 11/14/2026



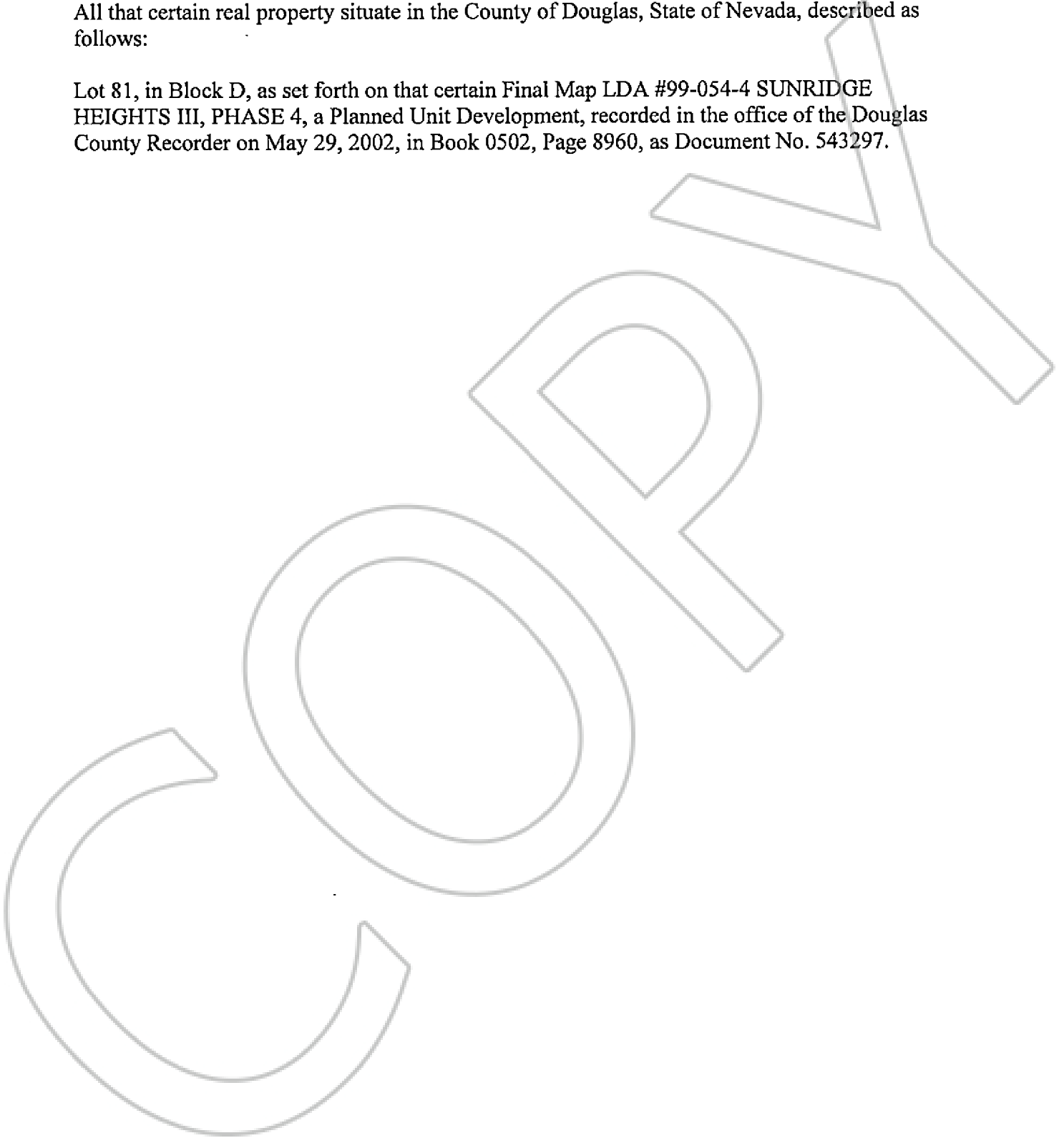
ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8290-02 - Expires Nov. 14, 2026

COPY

EXHIBIT A

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

Lot 81, in Block D, as set forth on that certain Final Map LDA #99-054-4 SUNRIDGE HEIGHTS III, PHASE 4, a Planned Unit Development, recorded in the office of the Douglas County Recorder on May 29, 2002, in Book 0502, Page 8960, as Document No. 543297.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4381222

CERTIFICATE OF DEATH

2023025340
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

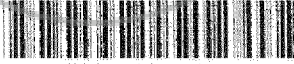
REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STAYING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Lee KOEPNICK		2. DATE OF DEATH (Mo/Day/Year) November 12, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3497 Long Dr		3a. 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) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1943		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tamara TENK	
13. SOCIAL SECURITY NUMBER 9744		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Auto Upholstery	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 3497 Long Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles KOEPNICK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Opal MEYERS		
18a. INFORMANT- NAME (Type or Print) Tamara Pieretti KOEPNICK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3497 Long Dr Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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) NADIA NINA SANDOVAL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd 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) STEPHEN M GRAVES 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) STEPHEN M GRAVES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) December 03, 2023		21c. HOUR OF DEATH 19:06		22b. DATE SIGNED (Mo/Day/Yr) November 12, 2023	
22c. HOUR OF DEATH 19:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 12, 2023		22e. PRONOUNCED DEAD AT (Hour) 19:06	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Stephen M Graves 1038 Buckeye Rd Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) JACKIE LYNN LARUE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 04, 2023		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) Complications Of Alzheimers 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)					
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) Yes			
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	

009027939



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.

12/7/2023

DATE ISSUED:

STATE REGISTRAR

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

