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APN: 1220-17-612-007

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Linda J. Berg
942 Sweetwater Drive
Gardnerville, NV 89460

AFFIDAVIT – DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

LINDA J. BERG (“Declarant”) being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

1. JOHN T. BERG (“Decedent”) is the same person as John Thomas Berg referenced in the certified copy of the Certificate of Death who died on June 29, 2017. See **Exhibit A** attached hereto and incorporated herein by this reference.
2. Decedent is the same person named as a trustee in that certain Berg Family Living Trust dated January 6, 2012, executed by JOHN T. BERG and LINDA J. BERG, as Grantors of the BERG FAMILY LIVING TRUST DATED 1/6/12, AS AMENDED (“Trust”).
3. Decedent as a trustee is the same person who was named as a grantee in that certain Quitclaim Deed, which was recorded on January 9, 2012, as Document No. 0795527 in Douglas County, Nevada, as legally described as follows:

See Exhibit B attached hereto and incorporated herein by this reference.

4. Declarant is the sole surviving trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Date: August 21, 2017

Linda J. Berg
LINDA J. BERG, Trustee

State of Nevada)
) ss.
County of Douglas)

Signed and sworn to (or affirmed) before me on August 21, 2017, by LINDA J. BERG, as Trustee.

Mary E. Baldecchi
Notary Public

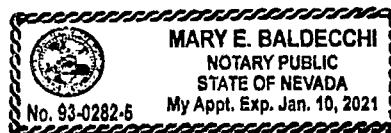


EXHIBIT A
CERTIFICATE OF DEATH

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3964716

CERTIFICATE OF DEATH

2017012439
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Thomas BERG		2. DATE OF DEATH (Mo/Day/Year) June 29, 2017		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 Carson Valley 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) 76	
	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) Minnesota		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) Linda Joyce REICHMUTH			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-9258		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Senior Tech Manager		14b. KIND OF BUSINESS OR INDUSTRY Computer	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 942 Sweetwater Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) John W BERG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie E PETERSON		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Linda BERG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 942 Sweetwater Dr Gardnerville, Nevada 89460			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TREVOR PHAN MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 30, 2017		21c. HOUR OF DEATH 23:30			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22. 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)			
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 801 W Williams Ave Fallon, NV 89406				23b. LICENSE NUMBER 12765	
	24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) Acute Hypoxic Respiratory Failure				Interval between onset and death Hours	
DUE TO, OR AS A CONSEQUENCE OF: (b) Encephalopathy				Interval between onset and death Hours		
DUE TO, OR AS A CONSEQUENCE OF: (c) Cerebral Edema				Interval between onset and death Days		
DUE TO, OR AS A CONSEQUENCE OF: (d) Brain Tumor				Interval between onset and death Months		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Seizure, Dementia, Chronic Obstructive Pulmonary Disease, Hypertension				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
28a. ACG., 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		

STATE REGISTRAR



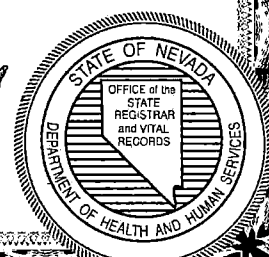
CERTIFIED COPY OF VITAL RECORDS

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: **JUL 18 2017**

Cody D. Sherry
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 B
LEGAL DESCRIPTION

LOT 115, BLOCK B, AS SHOWN ON THE MAP OF PLEASANTVIEW, PHASE 6, FINAL SUBDIVISION MAP NO. 1009-6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 25, 1997, IN BOOK 497, PAGE 4062, AS DOCUMENT NO. 411306.

Pursuant to NRS 111.312, the above legal description previously appeared in Quitclaim Deed recorded on January 9, 2012, as Document Number 0795527.

