

APN: 1420-18-214-081

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:  
Barbara J. Radke  
1027 Sunburst Drive  
Carson City, NV 89705

**AFFIDAVIT – DEATH OF TRUSTEE**

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

BARBARA J. RADKE (“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. GERHARD RADKE (“Decedent”) is the person referenced in the certified copy of Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference who died on May 20, 2015.
2. Decedent is the same person named as a trustee in that certain Radke Family Trust dated March 19, 1996, executed by BARBARA J. RADKE and GERHARD RADKE as Trustors of the RADKE FAMILY TRUST (“Trust”).
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, and Sale Deed, which was recorded on September 12, 2014, as Document No. 849328 in Douglas County, Nevada, and 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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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: November 9, 2017

Barbara Radke  
BARBARA J. RADKE, Trustee

State of Nevada )  
) ss.  
County of Douglas )

Signed and sworn to (or affirmed) before me on November 9, 2017, by BARBARA J. RADKE, as Trustee.

Linda M. Huntsberger  
Notary Public



EXHIBIT A  
CERTIFIED COPY  
OF 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. 3833180

**CERTIFICATE OF DEATH**

**2015008827**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gerhard RADKE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 20, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>1027 Sunburst Drive Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Home</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>90</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. HOURS <b>HOURS</b>	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 07, 1925</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Barbara STARKEY</b>	
	13. SOCIAL SECURITY NUMBER <b>-1625</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>General Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
PARENTS	15d. STREET AND NUMBER <b>1027 Sunburst Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert RADKE</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rosina SUNDAU</b>		18a. INFORMANT- NAME (Type or Print) <b>Barbara RADKE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1027 Sunburst Drive Carson City, Nevada 89705</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
DISPOSITION	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) <b>CHRISTOPHER W FORMAN MD</b> 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) <b>May 21, 2015</b>		21c. HOUR OF DEATH <b>08:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
TRADE CALL	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Christopher W Forman MD 2874 N. Carson Street, Suite 2 Carson City, NV 89706</b>		23b. LICENSE NUMBER <b>5528</b>	
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 27, 2015</b>		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					
CAUSE OF DEATH	(a) <b>Cardiac Arrest</b>		Interval between onset and death <b>Minutes</b>		Interval between onset and death <b>Minutes</b>	
	(b) <b>Fluid And Electrolyte Imbalance</b>		Interval between onset and death <b>Days</b>		Interval between onset and death <b>Days</b>	
	(c) <b>Myasthenia Gravis</b>		Interval between onset and death <b>Years</b>		Interval between onset and death <b>Years</b>	
	(d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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		28h. 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:

**NOV 09 2017**

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

*[Signature]*  
STATE REGISTRAR

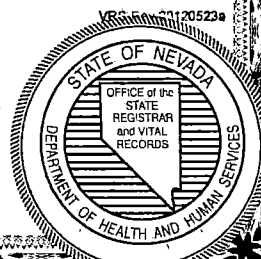


EXHIBIT B  
LEGAL DESCRIPTION

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

**Lot 85, in Block F, as shown on the Official Map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, Nevada, on September 18 1978, in Book 978, Page 1176, as Document No. 25326 and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879 of Official Records, at Page 1725, as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079, at Page 1039, as Document No. 37638, Official Records, Douglas County, Nevada.**