

APN: 1420-08-212-020



KAREN ELLISON, RECORDER

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

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 March 21, 2014, as Document No. 0839903 in Douglas County, Nevada, and legally described as follows:

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

The name of the Trust in the above-referenced Deed was mistakenly shown as the “Radke Family Trust [dated] March 19, 1996.”

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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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

201500827
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerhard RADKE		2. DATE OF DEATH (Mo/Day/Year) May 20, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 1027 Sunburst Drive Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 07, 1925	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara STARKEY			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-1625		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) General Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 1027 Sunburst Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert RADKE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosina SUNDAU		18a. INFORMANT- NAME (Type or Print) Barbara RADKE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1027 Sunburst Drive Carson City, Nevada 89705				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER W FORMAN MD 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) May 21, 2015		21c. HOUR OF DEATH 08:20		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Christopher W Forman MD 2874 N. Carson Street, Suite 2 Carson City, NV 89706			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 5528		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 27, 2015		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				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)	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) Cardiac Arrest		Interval between onset and death Minutes		28b. DATE OF INJURY (Mo/Day/Yr)	
	(b) Fluid And Electrolyte Imbalance		Interval between onset and death Days		28c. HOUR OF INJURY	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(c) Myasthenia Gravis		Interval between onset and death Years		28d. DESCRIBE HOW INJURY OCCURRED	
	(d)		Interval between onset and death		28e. INJURY AT WORK (Specify Yes or No)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

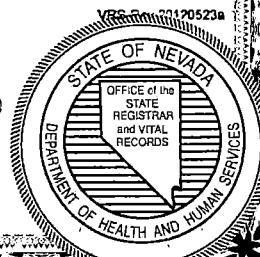
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT B
LEGAL DESCRIPTION

**LOT 22, IN BLOCK I, AS SHOWN ON THE AMENDED MAP OF SUNRIDGE HEIGHTS,
PHASE 5B, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE
OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON
FEBRUARY 22, 1995, IN BOOK 295, PAGE 3219, AS DOCUMENT No. 356642.**

