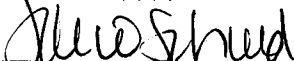


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1220-04-512-003

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Robert E. Hendrickson, Trustee
1229 Anchorage Drive
Reno, NV 89506

Teresa J. Rose
1073 Canal Drive
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

We, ROBERT E. HENDRICKSON and TERESA J. ROSE, the undersigned Trustees, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated August 4, 2004, CHARLES E. HENDRICKSON and MINNIE K. HENDRICKSON executed THE HENDRICKSON FAMILY TRUST AGREEMENT (the "Trust").

(2) CHARLES E. HENDRICKSON deceased on April 19, 2010. An Affidavit of Death of Trustee was recorded with the Douglas County, Nevada Recorder on May 6, 2010, as Document No. 0763162. MINNIE K. HENDRICKSON deceased on January 25, 2019 in Gardnerville, Nevada, a resident of Douglas County, Nevada.

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on February 22, 2019, by TERESA J. ROSE, Trustee.

Julie Schield
Notary Public

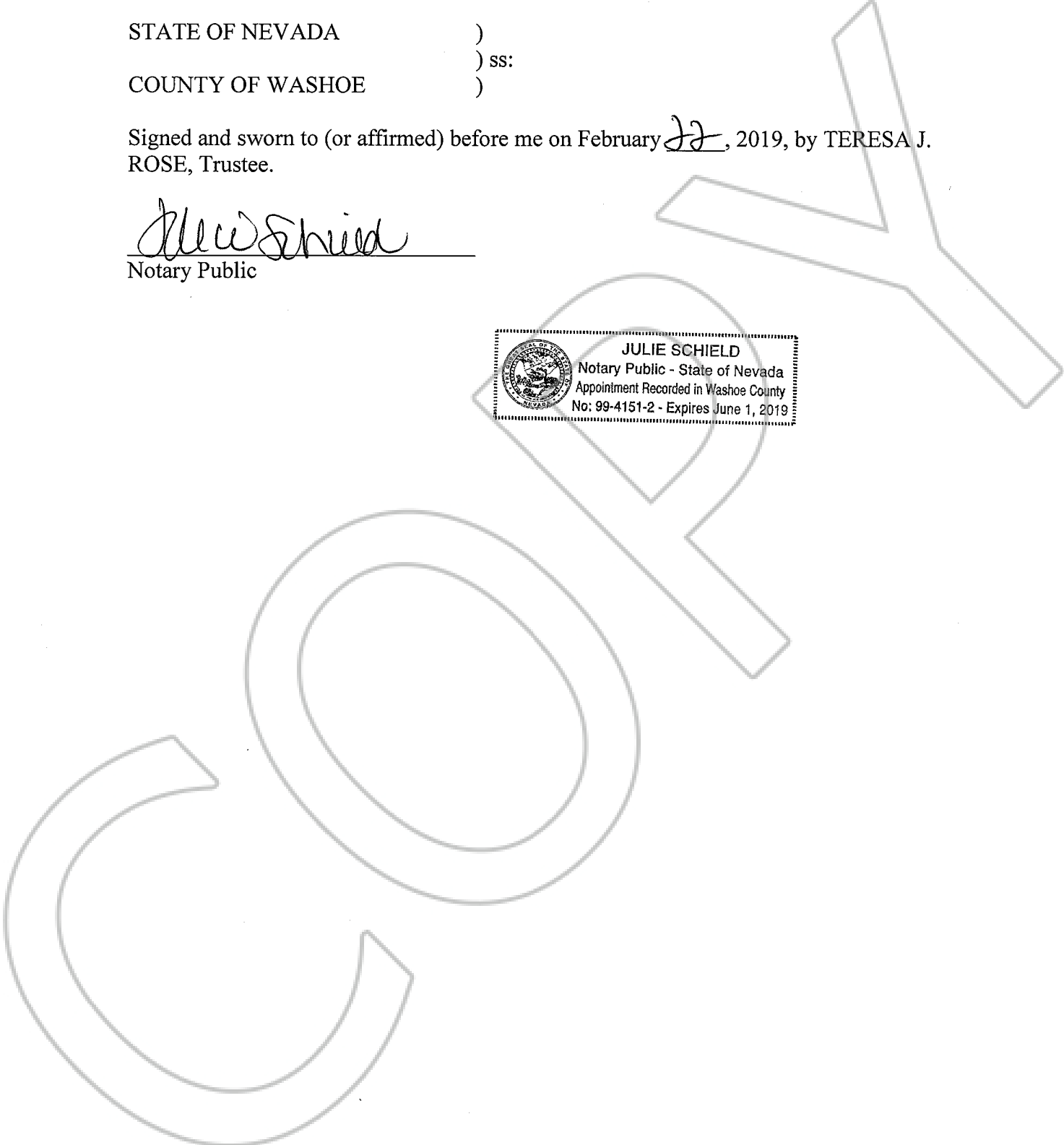
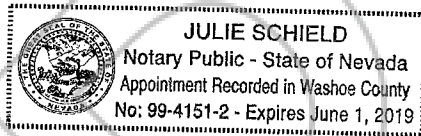


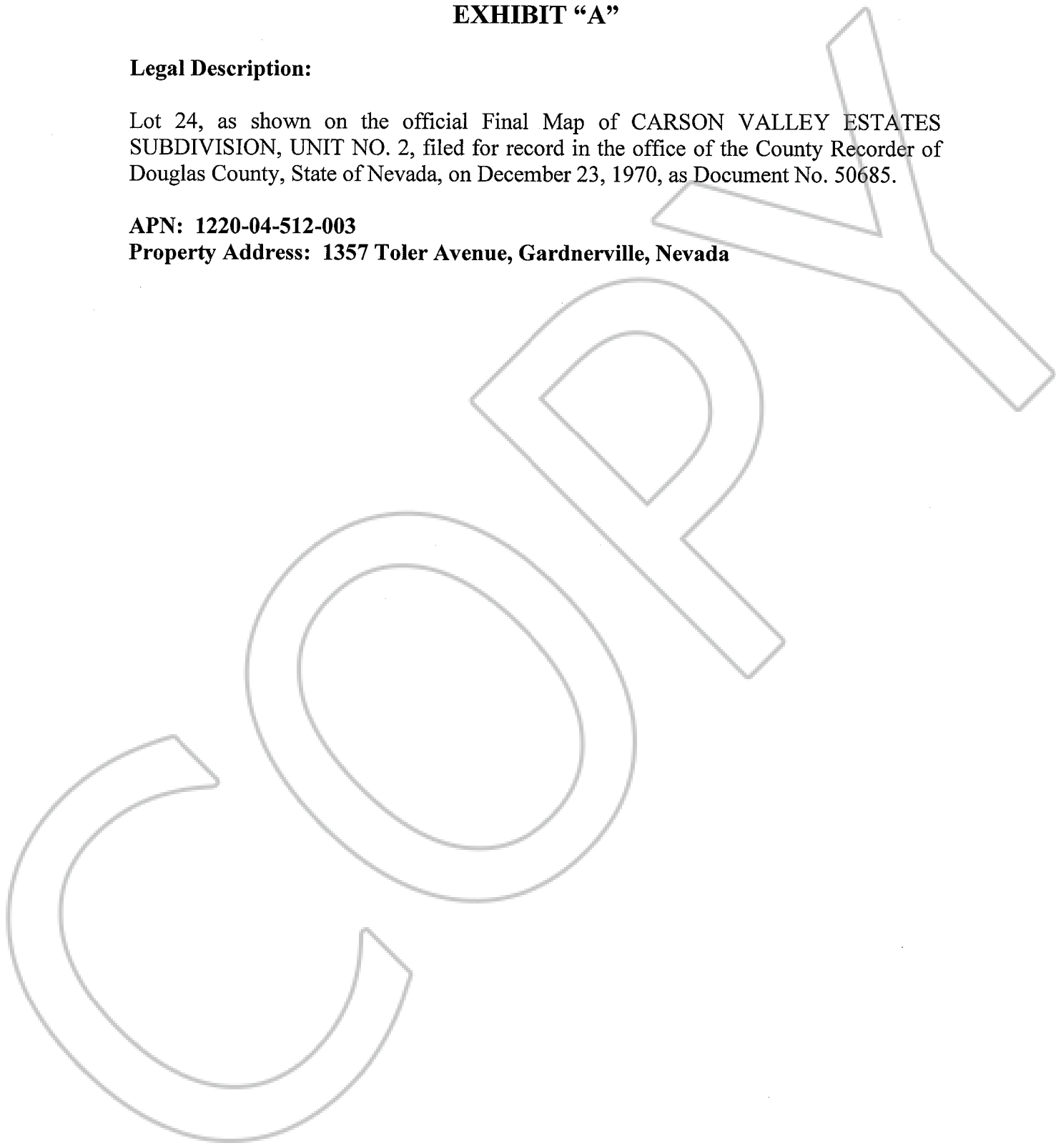
EXHIBIT "A"

Legal Description:

Lot 24, as shown on the official Final Map of CARSON VALLEY ESTATES SUBDIVISION, UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 23, 1970, as Document No. 50685.

APN: 1220-04-512-003

Property Address: 1357 Toler Avenue, Gardnerville, Nevada



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4063262

2019001521
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) Minnie Kathryn HANSEN HENDRICKSON		2. DATE OF DEATH (Mo/Day/Year) January 25, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street address) 1357 Toler Avenue		3e. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 79		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 05, 1939		9a. STATE OF BIRTH (if not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED] 1956		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) BOOKKEEPER		14b. KIND OF BUSINESS OR INDUSTRY ACCOUNTING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1357 Toler Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Jens Christian HANSEN			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Bertha Johanna GESENA QUADHAMER		
18a. INFORMANT - NAME (Type or Print) Teresa ROSE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1073 Canal Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden, NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JUSTIN FRICKE SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 28, 2019		21c. HOUR OF DEATH 20:57	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JUSTIN FRICKE SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) January 25, 2019	
22c. HOUR OF DEATH 20:57		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 25, 2019		22e. PRONOUNCED DEAD AT (Hour) 20:57	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke - P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0523	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 29, 2019		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) Pending DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		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) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) PENDING INVEST.		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 Nevada	

AKA: Minnie Kathryn HENDRICKSON
AKA: Minnie K HENDRICKSON
AKA: Minnie HANSEN HENDRICKSON

STATE REGISTRAR

VRS-Rev-20120523a

000754388



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: **FEB 06 2019**

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

Julie Katchear
STATE REGISTRAR

