

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: 1420-28-310-056

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
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Reno, Nevada 89521

AFTER RECORDING MAIL TO:

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

MAIL TAX STATEMENT TO:

Irene S. Gaikowski, Trustee
2895 Hot Springs Road
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, IRENE S. GAIKOWSKI, FRANCIS A. GAIKOWSKI and KAREN A. GAIKOWSKI, Trustees of the GAIKOWSKI LIVING TRUST, dated February 4, 2010, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated February 4, 2010, FRANK J. GAIKOWSKI and IRENE S. GAIKOWSKI executed the GAIKOWSKI LIVING TRUST (the "Trust").
- (2) FRANK J. GAIKOWSKI deceased on January 4, 2019, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said FRANK J. GAIKOWSKI.
- (3) Said trust appointed IRENE S. GAIKOWSKI to serve as sole Trustee upon the death of FRANK J. GAIKOWSKI. IRENE S. GAIKOWSKI reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment

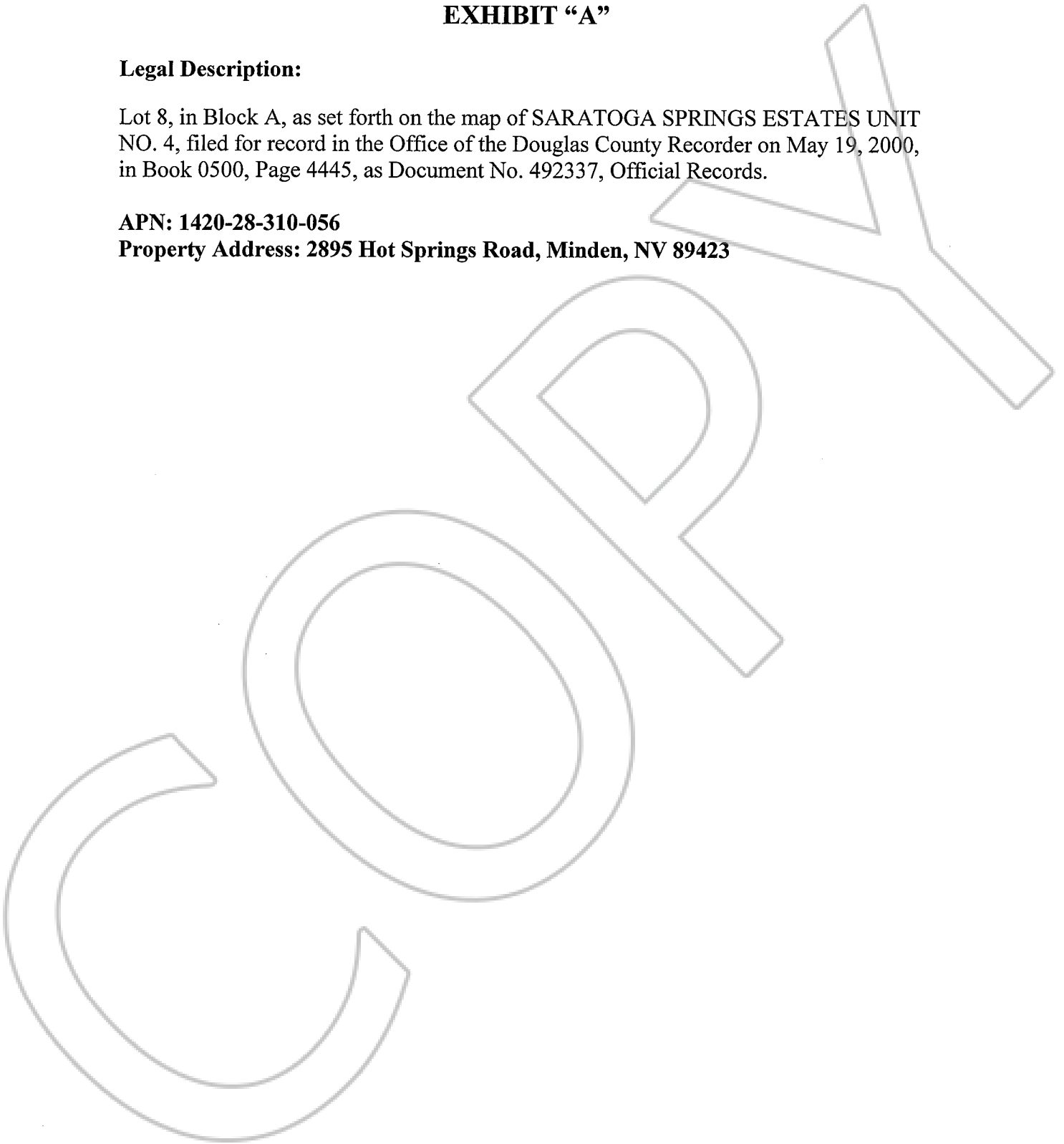
EXHIBIT "A"

Legal Description:

Lot 8, in Block A, as set forth on the map of SARATOGA SPRINGS ESTATES UNIT NO. 4, filed for record in the Office of the Douglas County Recorder on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, Official Records.

APN: 1420-28-310-056

Property Address: 2895 Hot Springs Road, Minden, NV 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4059210

CERTIFICATE OF DEATH

2019000169

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) Frank James GAIKOWSKI		2. DATE OF DEATH (Mo/Day/Year) January 04, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) 2895 Hot Springs Road		3e. 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) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) April 02, 1932		9a. STATE OF BIRTH (If not US/CA, name-country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Irene OLIVER	
13. SOCIAL SECURITY NUMBER 0382		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) CONSTRUCTION CONTRACTOR		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2895 Hot Springs Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James GAIKOWSKI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary GRAJCZYK		
18a. INFORMANT - NAME (Type or Print) Irene GAIKOWSKI		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2895 Hot Springs Road 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) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD654		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & 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) DAVID M BAKER 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) January 09, 2019		21c. HOUR OF DEATH 03:39		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David M Baker MD 1470 Medical Pkwy Carson City, NV 89703			
23b. LICENSE NUMBER 11681		24a. REGISTRAR (Signature) CATHERINE E SIMPSON SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 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) Diastolic Heart Failure				Interval between onset and death Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension				Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown				Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in 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)		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

000750504



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:

JAN 09 2019

Julie Katchear
STATE REGISTRAR

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

