

*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).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 1420-34-811-024**

**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:**

DARLEEN F. DILS  
2620 E. Valley Road  
Minden, Nevada 89423

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**AFFIDAVIT OF DEATH OF TRUSTEE**

We, DARLEEN F. DILS and CHRISTINA L. DILS, Trustees of the DILS LIVING TRUST dated December 12, 2000, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated December 12, 2000, HAROLD A. DILS and I executed the DILS LIVING TRUST (the "Trust").
- (2) HAROLD A. DILS deceased on February 3, 2020, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said HAROLD A. DILS.
- (3) Said trust appointed DARLEEN F. DILS to serve as sole Trustee upon the death of HAROLD A. DILS. DARLEEN F. DILS reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated June 9, 2020, DARLEEN F. DILS appointed herself and CHRISTINA L. DILS as Co-Trustees.

- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.
- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees with respect to the Trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to us as Co-Trustees.

Executed in the County of Douglas, State of Nevada, on June 9, 2020.

*Darleen F. Dils*  
 \_\_\_\_\_  
 DARLEEN F. DILS, Trustee

*Christina L. Dils*  
 \_\_\_\_\_  
 CHRISTINA L. DILS, Trustee

STATE OF NEVADA                            )  
   ) ss:  
 COUNTY OF DOUGLAS                     )

Signed and sworn to (or affirmed) before me on June 9, 2020, by DARLEEN F. DILS and CHRISTINA L. DILS, Trustees.

*[Signature]*  
 \_\_\_\_\_  
 Notary Public

**LAUREN E. GREGOREK**  
 Notary Public  
 State of Nevada  
 Appt. No. 15-1448-5  
 My Appt. Expires Apr. 28, 2023

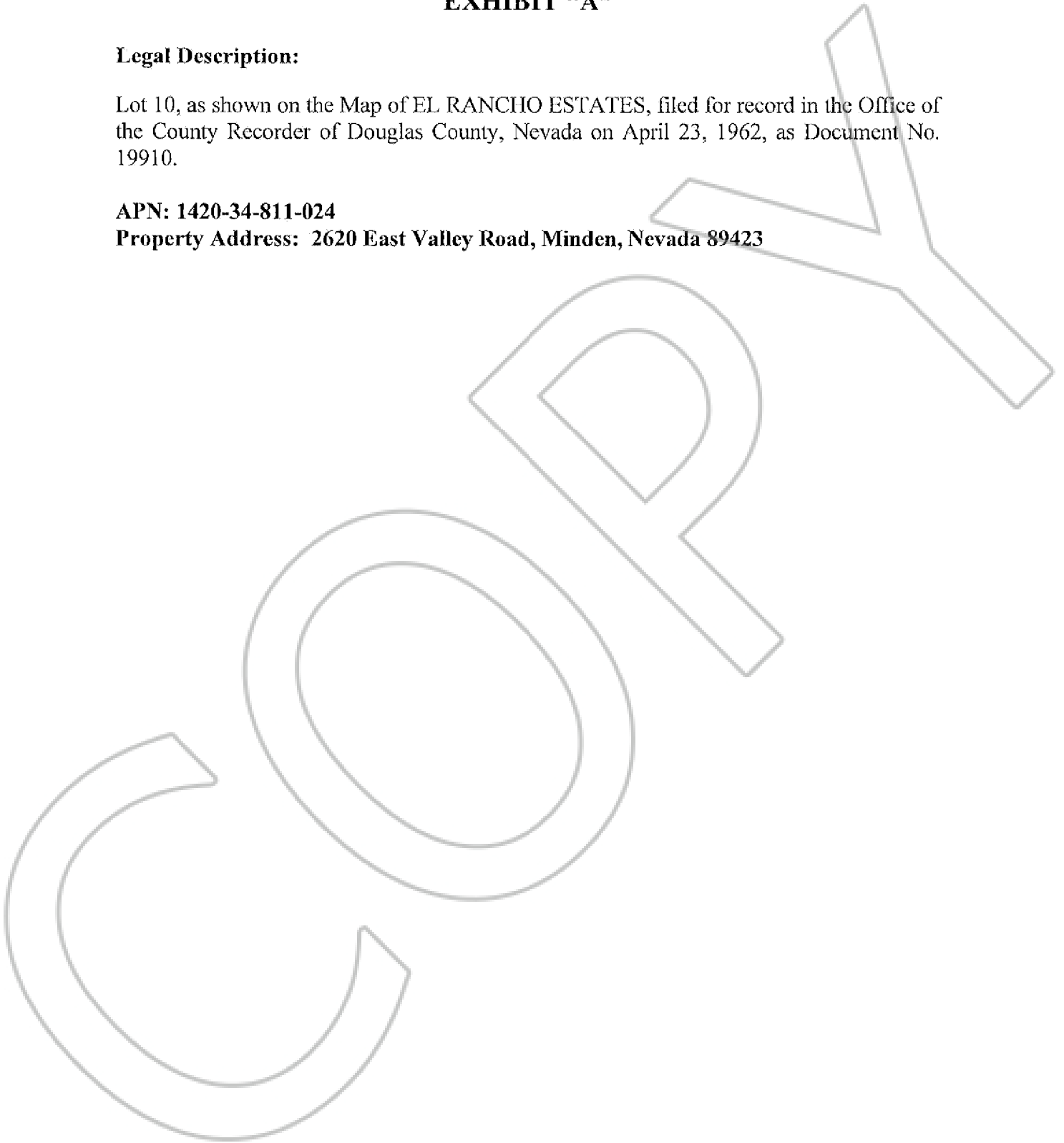
## EXHIBIT "A"

### Legal Description:

Lot 10, as shown on the Map of EL RANCHO ESTATES, filed for record in the Office of the County Recorder of Douglas County, Nevada on April 23, 1962, as Document No. 19910.

**APN: 1420-34-811-024**

**Property Address: 2620 East Valley Road, Minden, Nevada 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. 4127443

**CERTIFICATE OF DEATH**

2020002334  
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) <b>Harold Allan DILS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 03, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2620 East Valley Road</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthda (Years) <b>80</b>		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 17, 1939</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</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>Darleen F HAUBER</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-8472</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>FIREMAN</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>FIRE DEPARTMENT</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2620 East Valley Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold Bateman DILS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Oma STONE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Darleen F DILS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2620 East Valley Road Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>	
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>RALPH D HERBIG DO</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>February 04, 2020</b>		21c. HOUR OF DEATH <b>05:01</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (I-hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>DO984</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2020</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					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Cardiac Dysrhythmia</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Electrolyte Imbalance</b>				<b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Oropharyngeal Neoplasm</b>				<b>Months</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Nutritional Compromise</b>				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	

000804593



**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: 2/8/2020

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

*Blaise Satariano*  
**Administrato**STRAR

