

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: 1420-28-215-016

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:

Annette Iglecia
8863 SE 11th Avenue
Portland, OR 97202

Linda M. Vickers
2330 SW 17th Avenue
Portland, OR 97201

AFFIDAVIT OF DEATH OF TRUSTEE

We, ANNETTE IGLECIA and LINDA M. VICKERS, 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 January 9, 1997, JOHN A. HAUG and HILDEGARD A. HAUG executed THE HAUG FAMILY TRUST (the "Trust").

(2) JOHN A. HAUG deceased on November 16, 2020, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said JOHN A. HAUG. HILDEGARD A. HAUG deceased on September 22, 2014. An Affidavit of Death of Trustee was recorded with the Douglas County, Nevada recorder on February 24, 2015, as Document Number 2015-857376.

(3) Said trust appointed us to serve as Trustees upon the death of JOHN A. HAUG.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of 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 Trustees.

Executed in the County of Multnomah, State of Oregon, on January 14, 2021.

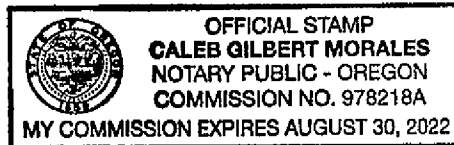
Annette Iglecia, TTEE
ANNETTE IGLECIA, Trustee

STATE OF OREGON)
 SS
COUNTY OF Multnomah)

This instrument was signed and sworn (or affirmed) before me on January 14th, 2021, by ANNETTE IGLECIA.

[Signature]

Notary Public



Executed in the County of MULTNOMAH, State of Oregon, on January 14, 2021.

Linda M. Vickers TTEE
LINDA M. VICKERS, Trustee

STATE OF OREGON)
)
COUNTY OF Multnomah)
)
)
)

This instrument was signed and sworn (or affirmed) before me on January 14th, 2021, by LINDA M. VICKERS.

[Signature]
Notary Public

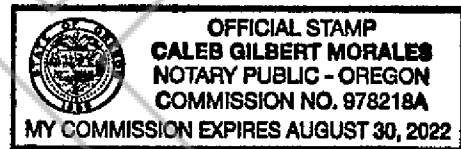


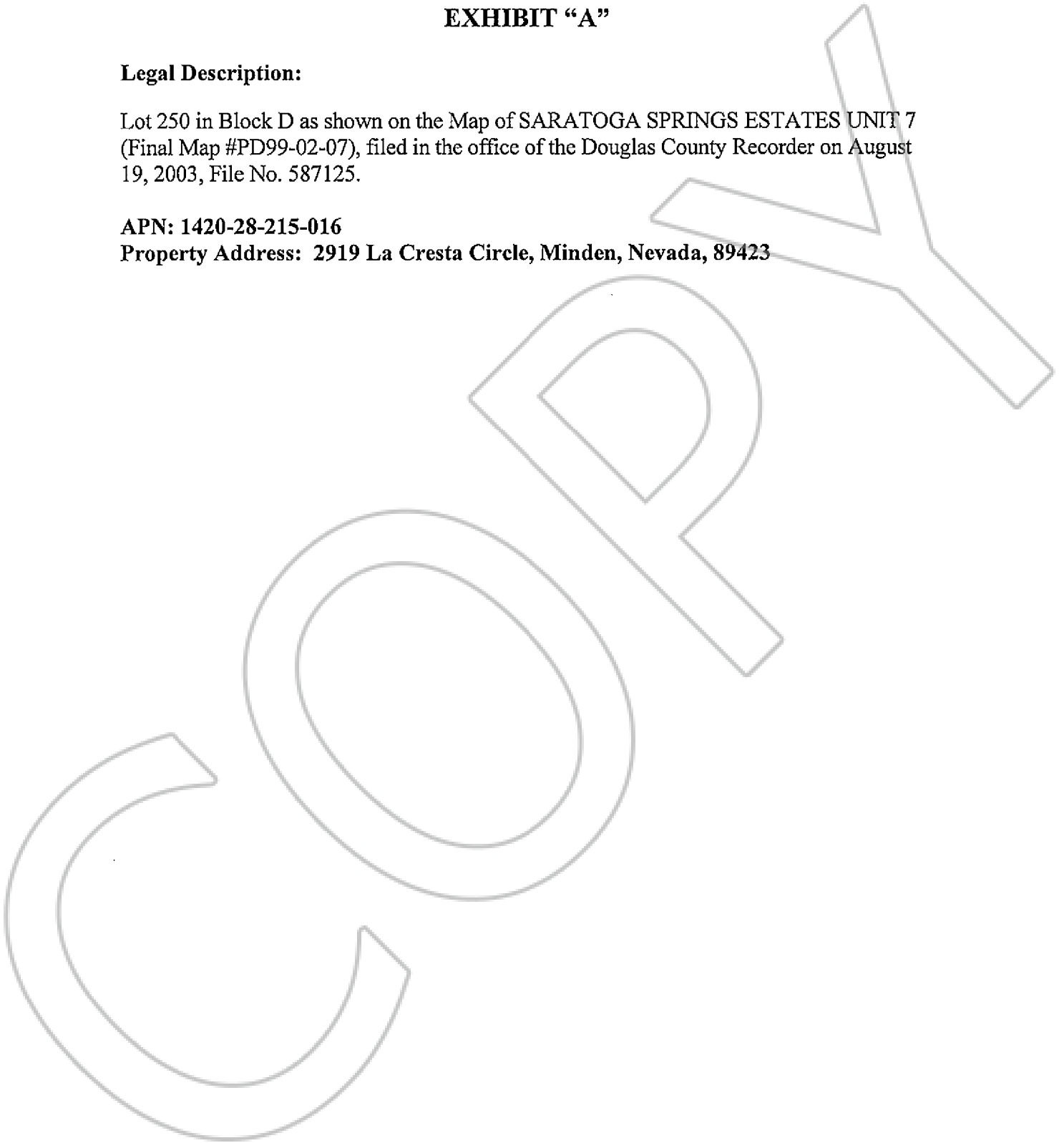
EXHIBIT "A"

Legal Description:

Lot 250 in Block D as shown on the Map of SARATOGA SPRINGS ESTATES UNIT 7 (Final Map #PD99-02-07), filed in the office of the Douglas County Recorder on August 19, 2003, File No. 587125.

APN: 1420-28-215-016

Property Address: 2919 La Cresta Circle, Minden, Nevada, 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4179700

CERTIFICATE OF DEATH

2020025716
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) John Andrew HAUG			2. DATE OF DEATH (Mo/Day/Year) November 16, 2020		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Reno Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (years) 84		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1936					
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 16		11. MARITAL STATUS (Specify) Widowed	
	12. SURVIVING SPOUSES NAME (Last name prior to first marriage)							
PARENTS	13. SOCIAL SECURITY NUMBER 470		14a. USUAL OCCUPATION (Give kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY City Government		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2919 La Cresta Circle	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Andrew HAUG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice WERNER				
	18a. INFORMANT - NAME (Type or Print) Linda VICKERS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2330 SW 17th Ave Portland, Oregon 97201				
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town, State Reno Nevada 89503		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature & Title) GRETCHEN A HEGLAR APRN 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) November 21, 2020		21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Gretchen A Heglar APRN 1155 Mill St Reno, NV 89502						23b. LICENSE NUMBER APRN002639	
CAUSE OF DEATH	24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 23, 2020		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).)							Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest							Interval between onset and death
	(b) Acute Respiratory Failure							Interval between onset and death
	(c) Multisystem Organ Failure							Interval between onset and death
	(c) Unknown Etiology							Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Septic Shock, Polymicrobial Urinary Tract Infection, Metastatic Prostate Cancer						26. AUTOPSY (Specify Yes or No) No		
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		

000397906 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.

DEPUTY REGISTRAR

Signature Authenticated

DATE ISSUED: 11/24/2026 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

