

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: 1320-33-716-049

RECORDING REQUESTED BY:
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:
DELBERT L. DRAGER, Trustee
1351 Guinness Way
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, DELBERT L. DRAGER, Trustee of the DRAGER FAMILY REVOCABLE LIVING TRUST dated February 23, 2001, 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 23, 2001, DELBERT L. DRAGER and BARBARA JEAN DRAGER executed the DRAGER FAMILY REVOCABLE LIVING TRUST ("Trust").
- (2) BARBARA JEAN DRAGER deceased on April 24, 2021, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said BARBARA JEAN DRAGER.
- (3) Said trust appointed DELBERT L. DRAGER to serve as sole Trustee upon the death of BARBARA JEAN DRAGER
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee 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 me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on December 2, 2021.

Delbert L. Drager
 DELBERT L. DRAGER, Trustee

STATE OF NEVADA)
 Douglas RC) ss:
 COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on December 2, 2021, by DELBERT L. DRAGER, Trustee.

Rebecca M. Conti
 Notary Public

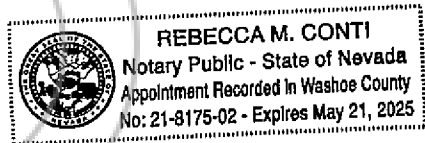


EXHIBIT "A"

Legal Description:

Lot 49 in Block C, of CHICHESTER ESTATES PHASE 8 Final Subdivision Map #1006-8 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 12, 2001 in Book 0601, at Page 2589 as Document No. 516199.

APN: 1320-33-716-049

Property Address: 1351 Guinness Way, Gardnerville, NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4209726

CERTIFICATE OF DEATH

2021010794
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) Barbara Jean DRAGER		2. DATE OF DEATH (Mo/Day/Year) April 24, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1351 Guinness way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR MIN		8. DATE OF BIRTH: (Mo/Day/Yr) December 20, 1935			
9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Delbert Lee DRAGER			
13. SOCIAL SECURITY NUMBER 5934		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1351 Guinness way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) John HABERKORN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth CLOBERDANCE		
18a. INFORMANT - NAME (Type or Print) Delbert Lee DRAGER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1351 Guinness Way 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) PHILIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St, Suite 4-E Reno NV 89502	
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) NITA SCHWARTZ MD		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 04, 2021		21c. HOUR OF DEATH 11:25		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 04, 2021	
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) Cerebral Atherosclerosis		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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	

000928464



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: 5/12/2022

Blaise Satariano

STATE REGISTRAR

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

