

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: 1320-02-001-003

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:

CLIFFORD ONEAL BRICKER, Trustee
1603 Johnson Lane
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, CLIFFORD ONEAL BRICKER, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated July 31, 2007, CHERYL ANN BRICKER and I executed the BRICKER FAMILY TRUST (the "Trust").
- (2) CHERYL ANN BRICKER deceased on July 15, 2022, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said CHERYL ANN BRICKER.
- (3) Said trust appointed me to serve as sole Trustee upon the death of CHERYL ANN BRICKER.
- (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 September 30, 2022.


CLIFFORD ONEAL BRICKER, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 30, 2022, by CLIFFORD ONEAL BRICKER, Trustee.

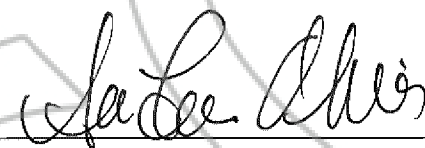

Notary Public



EXHIBIT "A"

Legal Description:

LAND SITUATED IN THE COUNTY OF DOUGLAS IN THE STATE OF NV

THAT PORTION OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE
NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 2,
TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B.&M., DESCRIBED AS
FOLLOWS:

PARCEL 1, AS SET FORTH IN THE PARCEL MAP FOR JOHN W. AND MARJORIE
HALL, RECORDED MARCH 21, 1978 IN BOOK 378, PAGE 1360, DOCUMENT NO.
18785, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

APN: 1320-02-001-003

Property Address: 1603 JOHNSON LANE, 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. 4294858

CERTIFICATE OF DEATH

2022017264
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

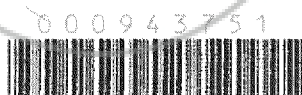
CERTIFIER

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) Cheryl Ann BRICKER		2. DATE OF DEATH (Mo/Day/Year) July 15, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1603 Johnson Lane		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) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 11, 1948		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Clifford Oneal BRICKER	
13. SOCIAL SECURITY NUMBER 9366		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Non-Profit Organization	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1603 Johnson Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert E LAUENSTEIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian B DONOHUE		
18a. INFORMANT - NAME (Type or Print) Clifford Oneal BRICKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1603 Johnson Lane Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/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) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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 A BOTTENBERG DO		21b. DATE SIGNED (Mo/Day/Yr) July 19, 2022		21c. HOUR OF DEATH 05:03	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		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) B A Bottenberg DO 4095 North Carson Street Carson City NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 20, 2022		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		Interval between onset and death			
(a) Adenocarcinoma Of The Breast With Metastasis To The Liver And Lymph Nodes.		Interval between onset and death			
(b) Unknown Etiology		Interval between onset and death			
(c) 		Interval between onset and death			
(d) 		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) 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	



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: **7/22/2022**

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

Scott Spangler
STATE REGISTRAR

