

17  
APN: 1320-32-111-074, Old APN: 25-213-06  
RECORDING REQUESTED BY:

Rachelle J. Nicolle  
Attorney at Law

✓ **AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle  
Attorney at Law  
1650 Highway 395, Suite 102B  
Minden, NV 89423

MAIL TAX STATEMENTS TO:  
EARL H. SIMONS, TRUSTEE  
944 Dean Drive  
Gardnerville, NV 89410

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**AFFIDAVIT - DEATH OF CO-TRUSTEE & CONTINUED  
SOLE SERVICE OF REMAINING CO-TRUSTEE**


**Earl H. Simons, of legal age, being first duly sworn, deposes and says:**

1. That I, Earl H. Simons, am the sole surviving Co-Trustee of the **Simons Trust**, U/D/T dated October 11, 1991. I hereby affirm my intention to continue to act as the sole remaining Co-Trustee.
2. The terms of this Trust empower me to act as the sole Trustee for the Trust after the death of Pauline P. Simons.
3. I also declare and affirm that Pauline P. Simons, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Pauline P. Simons, Co-Trustee of the **Simons Trust** (U/D/T dated October 11, 1991 for the benefit of the Simons Family). Pauline P. Simons is one of the named Co-Trustee parties in that certain Grant Deed dated October 11, 1991 to Earl H. Simons and Pauline P. Simons, Trustees of the **Simons Trust**, and recorded on October 23, 1991, in Book 1091, Page 4114, Document No. 263435 of the official records of Douglas County, Nevada covering the property described below:

Lot 11, 12, 13 & 14 of Block O of the TOWN OF  
MINDEN as shown on the official map thereof filed in the  
Office of the County Recorder of Douglas County, State of  
Nevada on July 2, 1906 as Document No. 20840.

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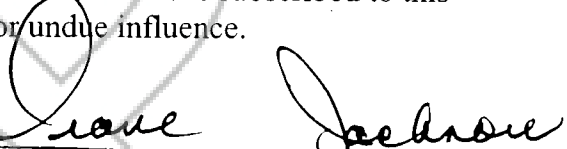
4. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated March 8, 2002.

  
 Earl H. Simons, Trustee

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada             )  
   ) ss.  
 County of Douglas            )

On March 8, 2002, before me, a notary public for said state and county, personally appeared EARL H. SIMONS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

  
 NOTARY PUBLIC DIANE JACKSON  
 Notary Public • State of Nevada  
 Appointment Recorded in Douglas County  
 No. 94-10025 - Expires January 20, 2006

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

98 001673

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Pauline Pearl SIMONS			DATE OF DEATH (Month, Day, Year) 2. February 4, 1998	COUNTY OF DEATH 3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3490 Mark Twain Ave.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 6	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 72	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. June 27, 1925
STATE OF BIRTH (If not U.S.A., name country) 9a. Ohio		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 13	
SOCIAL SECURITY NUMBER 13. ██████████ 1132		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Cocktail Waitress 435		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 3490 Mark Twain	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Calvin Englehart			MOTHER—MAIDEN NAME First Middle Last 17. Marjorie Anna Squires		
INFORMANT—NAME (Type or Print) 18a. Earl H. Simons, Jr.			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3490 Mark Twain Ave., Gardnerville, Nv. 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Will Leaky</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 410		NAME AND ADDRESS OF FACILITY 20c. Home, 1555 Hwy 395, Minden, Nevada 89423 48	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>John P. Kelly, M.D.</i>			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) and manner stated. (Signature and Title) <i>John P. Kelly, M.D.</i>		
DATE SIGNED (Mo., Day, Yr.) 21b. 2/5/98			HOUR OF DEATH 21c. 1026		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22b.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. John P. Kelly, M.D., 550 W. Washington St., Carson City, Nevada			LICENSE NUMBER 23b. 6376		
REGISTRAR 24a. (Signature) <i>Wanda K. Locking</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Feb. 5, 1998		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Lung Cancer			Interval between onset and death 1 yr 9 months		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b)			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c)			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.				AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.				DATE OF INJURY (Mo., Day, Yr.) 28b.	
INJURY AT WORK (Specify Yes or No) 28e.				HOUR OF INJURY 28c.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.				DESCRIBE HOW INJURY OCCURRED 28d.	
LOCATION.				STREET OR R.F.D. No.	
CITY OR TOWN				STATE	
28g.					



STATE REGISTRAR

No. 125825

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 28 2002 0536947

*Syonna Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
Rachelle Nicolle  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAR 14 AM 11:16

LINDA SLATER  
RECORDER

\$17.<sup>00</sup> PAID Kg DEPUTY

0536947

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