

APN: 1022-29-412-009, Old APN: 39-158-100

**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 4112, Document No. 263433 of the official records of Douglas County, Nevada covering the property described below:

Lot 2 of TOPAZ SUNRISE ESTATES as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on January 9, 1968 as Document No. 39898.

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# 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		
1. DECEASED—NAME First Middle Last Pauline Pearl SIMONS			2. DATE OF DEATH (Month, Day, Year) February 4, 1998		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) 3490 Mark Twain Ave.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	SEX Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 72	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) June 27, 1925
9a. STATE OF BIRTH (If not U.S.A., name country) Ohio	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 13	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Earl H. Simons, Jr.
13. SOCIAL SECURITY NUMBER 1132		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Cocktail Waitress 435		14b. KIND OF BUSINESS OR INDUSTRY Restaurant 641	
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER 3490 Mark Twain	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Calvin Englehart			17. MOTHER—MAIDEN NAME First Middle Last Marjorie Anna Squires		
18a. INFORMANT—NAME (Type or Print) Earl H. Simons, Jr.			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3490 Mark Twain Ave., Gardnerville, Nv. 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	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Will Leaky		20b. FUNERAL DIRECTOR LICENSE NUMBER 410	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1555 Hwy 395, Minden, Nevada 89423 48		
21a. To be completed by CERTIFYING PHYSICIAN 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) John P. Kelly, M.D.	21b. DATE SIGNED (Mo., Day, Yr.) 2/5/98	21c. HOUR OF DEATH 1026	22a. To be completed by Coroner's Office 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)	22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22d. ON	22e. AT			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John P. Kelly, M.D., 550 W. Washington St., Carson City, Nevada					23b. LICENSE NUMBER 6376
24a. REGISTRAR (Signature) Irene R. Lockhart		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb. 5, 1998		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) Lung Cancer	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death 1 yr 9 months			
PART II (b)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death			
PART II (c)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death			
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	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		

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 0536948

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0302 PG 04800

COPY

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

2002 MAR 14 AM 11:17

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID *KJ* DEPUTY

0536948

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