APN: 1022-29-412-009

RECORDING REQUESTED BY and AFTER RECORDING MAIL THIS AFFIDAVIT TO:

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

MAIL TAX STATEMENTS TO:

HERBERT C. SIMONS, Trustee JAMES MICHAEL SIMONS, Trustee 944 Dean Drive Gardnerville, NV 89410 REQUESTED BY

Rachelle Nicolle

IN OFFICIAL RECORDS OF

DOUGLAS CO. HEYADA

2004 OCT LI AM 9: 00

WERNER CHRISTEN RECORDER

PAID X DEPUTY

AFFIDAVIT - DEATH OF TRUSTEES

Herbert C. Simons and James Michael Simons, both being of legal age, being first duly sworn, both declare under penalty of perjury:

1. We hereby declare that Earl H. Simons, also known as Earl H. Simons Jr., died on May 31, 2004 (see attached certified copy of his Certificate of Death) and that Pauline P. Simons died on February 4, 1998 as demonstrated by the Affidavit-Death of Co-Trustee & Continued Sole Service of Remaining Co-Trustee (together with a certified copy of her Certificate of Death) filed with the Douglas County Recorder's Office in Book 0302, Page 04798 and Document 0536948 on March 14, 2002 (a copy is attached hereto and incorporated herein by reference). We also hereby declare and affirm that the decedents mentioned above are the same persons as Earl H. Simons and Pauline P. Simons Co-Trustees of the Simons Trust dated October 11, 1991. We further declare that Earl H. Simons and Pauline P. Simons signed that certain Trust Transfer Deed, dated October 11, 1991, and recorded on October 23, 1991, in Book 1091, Page 4112, Document No. 263433 of the official records of Douglas County, Nevada, granting the property at 3490 Mark Twain Ave., Gardnerville, NV 89410 to the Simons Trust dated October 11, 1991, and more particularly 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.

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

Simons Affidavit APN 1022-29-412-009.doc Page 1 of 2

0626225

BK 1004 PG 03497

2. The above stated affirmation is provided under penalty of perjury in Douglas
County, Nevada.
Dated: 10/5/04 , 2004.
Dated: $10/5/04$, 2004.
Diute &
CAMWICS SR
HERBERT C. SIMONS, Successor Trustee
CERTIFICATE OF NOTARY PUBLIC
State of Nevada)
County of Douglas)
Signed and sworn to before me on October 5, 2004 by HERBERT C. SIMONS.
organica and smort to service me on October 5.
Duran March
management of the contraction of
R GR. VASSE FFI
County of Douglas SUSAN C. HAPPE
No. 02-73453-5 My Appointment Expires February 15, 2006
Annuminentaminentaminentaminentaminentaminentaminentaminen (h. 1860).
Dated: 10/5, 2004.
Dated. 70/3, 2004.
James Michael James
JAMES MICHAEL SIMONS, Successor Trustee
GENERAL THE OF WORLDWING
CERTIFICATE OF NOTARY PUBLIC
State of Nevada) County of Douglas)
County of Douglas)
Signed and sworn to before me on October 5, 2004 by JAMES MICHAEL SIMONS
Duna A Harly
Owar J. Nafif C
NOTARY PUBLIC
NOTARY PUBLIC STATE OF NEVADA
County of Douglas
No 02-74514 SUSAN C. HAPPE
My Appointment Expires February 15, 2006
THE REPORT OF THE PERSON OF TH



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CERTIFICATION OF VITAL RECORD

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

	LOCAL FILE NUMBER		·		STATE FILE NUMBER
OR PRINT	DECEASEDNAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT BLACK INK	1. Earl CITY, TOWN OR LOCATION OF DEATH	Harrison HOSPITAL OR OTHE	SIMONS JR. RINSTITUTION—Name (If not either, give s	2. May 31, 2004 street and number) If Hosp. or Inst. indica	3a. Douglas
1	3b. Gardnerville	₃. 944 De		Rm, Inpatient (Specify 3e.	4. Male
ECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Jin? Specify ☐ yes to no if yes, AGE—La Birthday		AY DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.	17a. 8	6 7b. 7c.	*December 10,191
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	TRY Services	Decedent's Education. Specify highes grade completed.	WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give malden nard
INSTITUTION SEE HANDBOOK	9a. Idaho SOCIAL SECURITY NUMBER	9b. U.S.A.	10. 10 Years re Kind of Work Done During Most of	(Specify) Widowed	12.
REGARDING COMPLETION OF		Working Life, Even if Retire	sd)		T = Josephan
RESIDENCE ITEMS	13. RESIDENCE—STATE COUNTY		Inspector	14b Aero Space Street and number	INSIDE CITY LIMITS
_ إح⊷ا ،	15a. Nevada 15b.	Douglas	15c. Gardnerville	15d. 944 Dean	Or. (Specify Yes or No) 15e. Yes
ADENTO	FATHER—NAME First	Middle	Last MOTHER MAI	DEN NAME First	Middle Last
ARENTS	16. Earl	Harrison	Simons Sr. 17.	Marie	Clawson
:	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town,	· · · ·
	18a Herb Simons - S BURIAL, CREMATION, REMOVAL, OTHE	SON R (Specify) CEMETER	186 944 Dean D	r, Gardnerville, N	evada 89460 State
	19a. Cremation	**	FitzHenry's Cremat		on City, Nevada
ISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL LICENSE	DIRECTOR NAME AND ADDRESS OF	FACILITY FitzHenry's Ca	rson Valley Funeral
	20a.	20b. 2	17 20c Home 1'	380 Hwy 395, Gardn	erville, NV 89410
	a lo the best of my knowledge, due to the cause(s) stated.	death occurred at the time, dat	and place and	22a. On the basis of examination and/or inv at the time, date and place and due to	estigation, in my opinion death occurred the cause(s) and manner stated.
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.	HOUR OF DE		(Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH
	21b. // 3	7) 4 21c.	1410	22h	22c.
ERTIFIER	OL NAME OF ATTIMONIO PRINC	SICIAN IF OTHER THAN CERT			PRONOUNCED DEAD (Hour)
į.	P NAME OF ATTENDING PHTS		.		22e. AT
			DING PHYSICIAN, MEDICAL EXAMINER, (LICENSE NUMBER
		Miller M.D.,	1374 Bridle Way,	Minden, NV 89423 GISTRAR (Mo., Day, Yr.) DEATH DUE TO C	23b. 8912
CONDITIONS IF ANY	REGISTRAR	DV D		tagin prekisika Timil	
VHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER C	INLY ONE CAUSE PER LINE P	mp 24b. (una.) OR(6), (b), AND (c).)	4 9004 24c. YES	NO NO Interval between onset and death
CAUSE TATING THE INDERLYING	PART (a) . LLOA	sina to	a Jacker	e 2	
AUSE LAST	DUE TO, OR AS A CANS	EQUENCE OF:	1,/		Interval between onset and death
/	(b) pne	umon	io _		•
/ /	DOME TO, OR AS A CONS	EQUENCE OF:	1 to this	lune disea	Interval between onset and death
AUSE OF	(c) PART OTHER SIGNIFICANT COND	ITIONS—Conditions contributing	to death but not resulting in the underlying		ecify WAS CASE REFERRED TO
ATH		N-	,	26. No	r No.) CORONER (Specify Yes or No.) 27. No.
	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.) HO	UR OF INJURY DESCRIBE HOW	NUURY OCCURRED	10
282	(Specify) 28b.	280			
= 10		E OF INJURY—At home, farm building, etc. (Sp	street, factory, office LOCATION.	STREET OR R.F.D. No. C	ITY OR TOWN STATE
387	28e. 28f.	_/_/_	28g.		
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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: JUN 0 4 2004

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

ylva



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

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.

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

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4.			n is provided u			7
	in Douglas Co	ounty Nevada,	and is dated M	larch 8	, 2002.	^
					n .	
				Early	Smo	12 TR
				Earl H. S	imons, Tru	stee
				<		-1
	CERTI	FICATE OF AC	KNOWLEDGEM	IENT OF NOT	TARY PUBL	IC
State of	f Nevada)) ss.				
County	of Douglas)			, \	
BATCON	Onaily appeared EAR	w 8	, 2002, befo	ore me, a notai	ry public for	said state and county,
satisfac	tory evidence) to l	e the person who	ose name is subsc	ribed to this in	strument, and	d acknowledged that
	executed it. I decluent appears to be of					oscribed to this
				\).e.	Ja la ou
				NOTARY	PUBLIC	genou
					1	JACKSON
			// /		Notary Public	State of Newada
•			\		No: 94-10025 - Exp	ded in Douglas County iras January 20, 2306
	\ \		\	\		
	/ / /)			
	→ /					
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		/ /				
No.						
The Real Property lies and the Personal Property lies and the						

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STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS: WHAT OF NEVADA

CERTIFICATE OF DEATH

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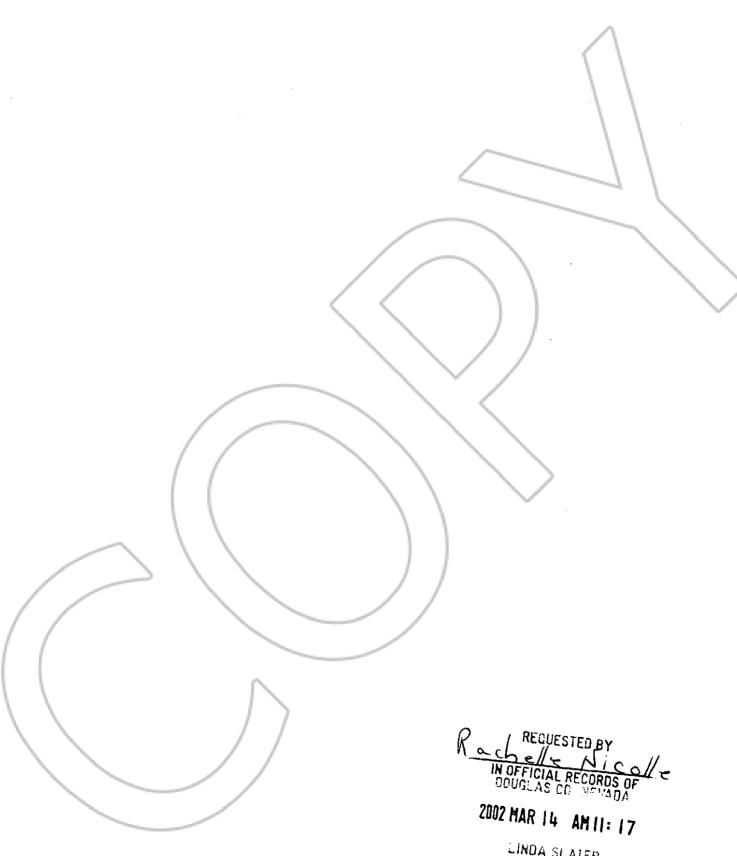
1		1	OE.	in loane or .	<i>3</i> 2,	ŧ		FRE NUMBER
DECEASED	OCAL FILE NUMBER	Middle		Last	DATE OF DE	ATH (Month, Day, Year)		COUNTY OF DEATH
IT 1.	Pauline			SIMONS	2. Febr	uary 4, 19	Th. 1.1	a Douglas
NK CITY, TOWN	OR LOCATION OF DEA			N-Name (# not either, givi	e street and number) If Hosp. or Inst. in Rm. Inpatient (Spi	dicate OOA, OP/E	
344	rdnerville	-	90 Mark Twa		UNIDE	3e. R 1 YEAR UNDER	6 CATE	4. Female OF BURTH (Mo., Day, Yr.)
India	, White, Black, American an, etc.) (Specify) hite	Was Decedent of Hi specify Mexican, Cu 6.	ispanic Origin? Specity □ ban, Puerto Rican, etc.	yes (X no if yes. AGE— Birthda 7a.	Y (Years) MOS	DAYS HOURS 7c.	Ju	me 27, 1925
STATE OF I	., name country)	CITIZEN OF WITRY 96. U.S	grade cor	's Education. Specify high impleted.	WIDOWED.	NEVER MARRIED, DIVORCED LTTIED	34 3	SPOUSE (W with give medien in H. Simons,
SOCIAL SE	CURITY NUMBER	USUAL OCCUP Working Life, Ex	ATION (Give Kind of Wor	43	KIND OF E	BUSINESS OF INDUSTR Restaurant	IY	
13. RESIDENCE	-STATE C	COUNTY	CITY, TOV	WN, OR LOCATION	S1	REET AND NUMBER	Transfer	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
15a. No		5b. Douglas	15c. Gá	ardnerville	AAIDEN NAME	First	Middle	15e. Yes
16.	Calvin	Middle	Engleha	rt 17.	Ma	rjorie	Anna	Squires
	T—NAME (Type or Print)		MA	UNG ADDRESS	76.	e. Gardne		Nv. 89410
	er1 H. Simo		CEMETERY OR CREM		I WATH AV	LOCATION	City or Tow	
	remation. Removal, C emation	Jines (Specify)		ry's Cremat	tory	1		ty, Nevada
FUNERAL I	IRECTOR—SIGNATURE		FUNERAL DIRECTOR	NAME AND ADDRESS		J 1944		Valley Funer
(Or Person 20a.	Acting as Such	Too he	UCENSE NUMBER	20c. Home . 1.				a 89423 48
	To the best of my knowle	oge, death occurred at the			22s. On the ba	use of examination and/o	r investigation, in	my opinion death occurred
بمبح	due to the cause(s) stated (Signature and Title)	7 Han /	mIK	Mann	Signature and			
PEST PEST PEST PEST PEST PEST PEST PEST	DATE SIGNED (Ma. Da		OUR OF DEATH	1,	DATE SIGNED	(Mo., Day, Yr.)	HOUR OF D	EATH
25	21b. ス/5/	48 21			8 8 220-		22c.	
5분 전 편	NAME OF ATTENDING F	PHYSICIAN IF OTHER T	HAN CERTIFIER (Type o	c Print)	S PRONOUNCE	D DEAD (Mo., Day, Yr.)	PHONOUNC	ED DEAD (Hour)
	21d.	SE DEDVICED (DI NOIO)	AND A CTCHIONAGO DUMON	CIAN, MEDICAL EXAMINE	224LON	(Time or Print)	22e. AT	CENSE NUMBER
				Washington	1 - 1 A1 - 1		levada 2	n 6376
REGISTRA		Kelly, M.I)., 330 W.	DATE RECEIVED BY	REGISTRAR (Ma.	Day, Yr.) DEATH DUE	TO COMMUNICA	BLE DISEASE
24a. (Signa	- 1/2	A Vala	Dar	240 Fola	5-1998	24c. YES	MOIE	
	بالراحي بالمسمى	ER ONLY ONE CAUSE	PEN LINE FOR (a), (b)	(ND (c).)		•	Inter	val between onset and death
PART	(a) Lun	12/ (/02/	ner_				: []	Vr Imon
1		CO SEQUENCE OF:					integ	al between onset and death
	(b)	V	_	_/_/			e inte	rval between onset and death
	DUE TO, OR AS A C	CONSEQUENCE OF:					- 1110GH	
/	(c)	ONDITIONS—Conditions	s contributing to death but	not resulting in the underly	ying cause given in f	Part 1. AUTOPSY	(Specify WAS	CASE REFERRED TO
PART II	Office Signal Court of				,	26. No	(es or No.) COR	ONER (Specify Yes or No) Yes
ACC., SUI	CIDE, HOM., UNDET.,	DATE OF INJURY (Mo., Da	ey. Yr.) HOUR OF INJUE	Y DESCRIBE HO	W INJURY OCCUR		Jan	100
(Specify)	NG INVEST.	28b.	28c.	M 28d.				
28a. INJURY A	T WORK	PLACE OF INJURY—At	home, farm, street, factor	· · · · · · · · · · · · · · · · · · ·	STREET	OR R.F.D. No.	CITY OR TOV	VN STATE
(Specify Ye 25e.		281.	ting, etc. (Specify)	28g.				
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This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: FEB 2 8 2002

05369480626225tate Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



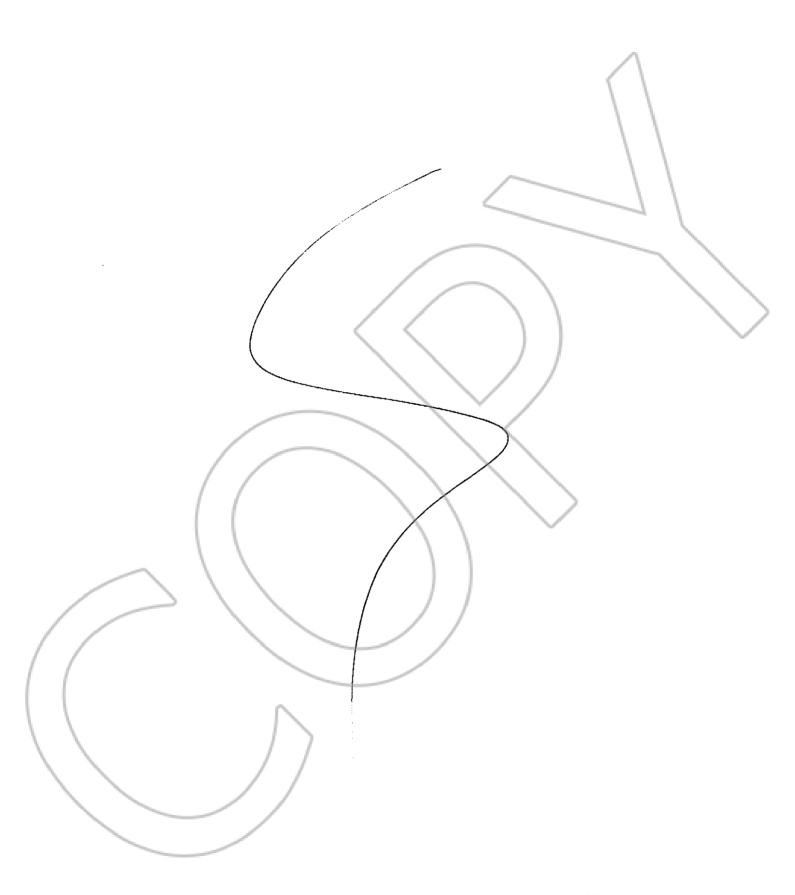
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