

21
REQUESTED BY
Rachelle Nicolle
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

APN: 1022-29-412-009

2004 OCT 11 AM 9:00

RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS AFFIDAVIT TO:

WERNER CHRISTEN
RECORDER

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

\$ 21⁵⁰ PAID KJ DEPUTY

MAIL TAX STATEMENTS TO:

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

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

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BK1004PG03497

2. The above stated affirmation is provided under penalty of perjury in Douglas County, Nevada.

Dated: 10/5/04, 2004.

Herbert C. Simons

HERBERT C. SIMONS, Successor Trustee

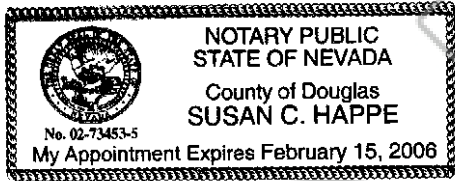
CERTIFICATE OF NOTARY PUBLIC

State of Nevada)
County of Douglas)

Signed and sworn to before me on October 5, 2004 by HERBERT C. SIMONS.

Susan C. Happe

NOTARY PUBLIC



Dated: 10/5, 2004.

James Michael Simons

JAMES MICHAEL SIMONS, Successor Trustee

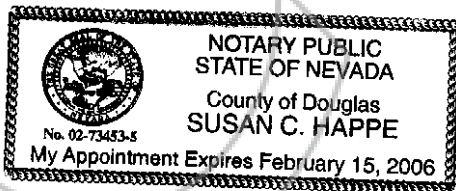
CERTIFICATE OF NOTARY PUBLIC

State of Nevada)
County of Douglas)

Signed and sworn to before me on October 5, 2004 by JAMES MICHAEL SIMONS.

Susan C. Happe

NOTARY PUBLIC



STATE OF NEVADA

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

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

Main form containing fields for DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, CITY, TOWN OR LOCATION OF DEATH, HOSPITAL OR OTHER INSTITUTION, RACE, AGE, DATE OF BIRTH, CITIZENSHIP, EDUCATION, MARRIAGE, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, RESIDENCE, PARENTS, BURIAL, CEMETERY, FUNERAL DIRECTOR, CERTIFIER, REGISTRAR, IMMEDIATE CAUSE, PART I, PART II, ACCIDENT, INJURY AT WORK, etc.

0626225
BK 1004 PS 3499
1001 PG 0349

STATE REGISTRAR

No. 267626

44710

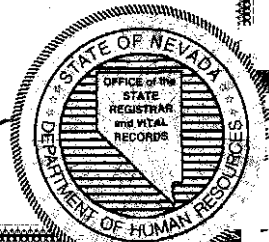
CERTIFIED COPY OF VITAL RECORDS

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 04 2004

Syonna Sylva
STATE REGISTRAR

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



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:

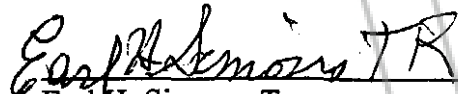
Lot 2 of TOPAZ SUNRISE ESTATES as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on January 9, 1968 as Document No. 39898.

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

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BK 0302 PG 04798

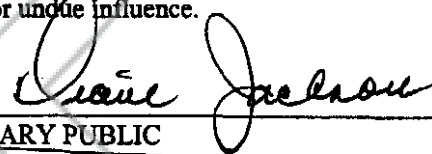
4. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated March 8, 2002.

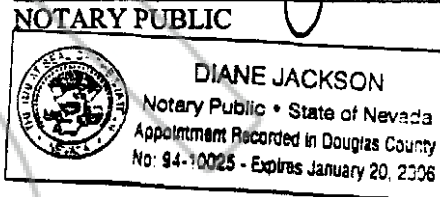

Earl H. Simons, Trustee

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.





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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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

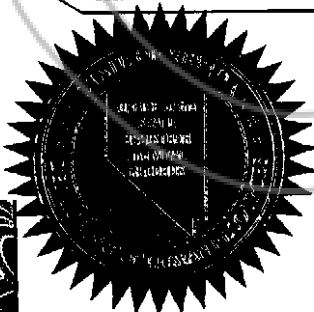
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

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 other, give street and number) 3490 Mark Twain Ave.		3e. 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	
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		14b. KIND OF BUSINESS OR INDUSTRY Restaurant		15. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Douglas Gardnerville 3490 Mark Twain 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) <i>Willie Lopez</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 410	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1555 Hwy 395, Minden, Nevada 89423		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>		21b. DATE SIGNED (Mo., Day, Yr.) 2/5/98	
21c. HOUR OF DEATH 1026		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>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT	
22f. ON		22g. 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) <i>Debra R. Kachins DeWitt</i>		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).) Lung Cancer		Interval between onset and death 1yr 9month	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		PART II (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (c) 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) Yes	
28a. 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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE		28k.		28l.	



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.

Wynne Sylva
State Registrar

Date Issued: FEB 28 2002 05369480626225

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

F70302PC04200 BK1004PG03502

COPY

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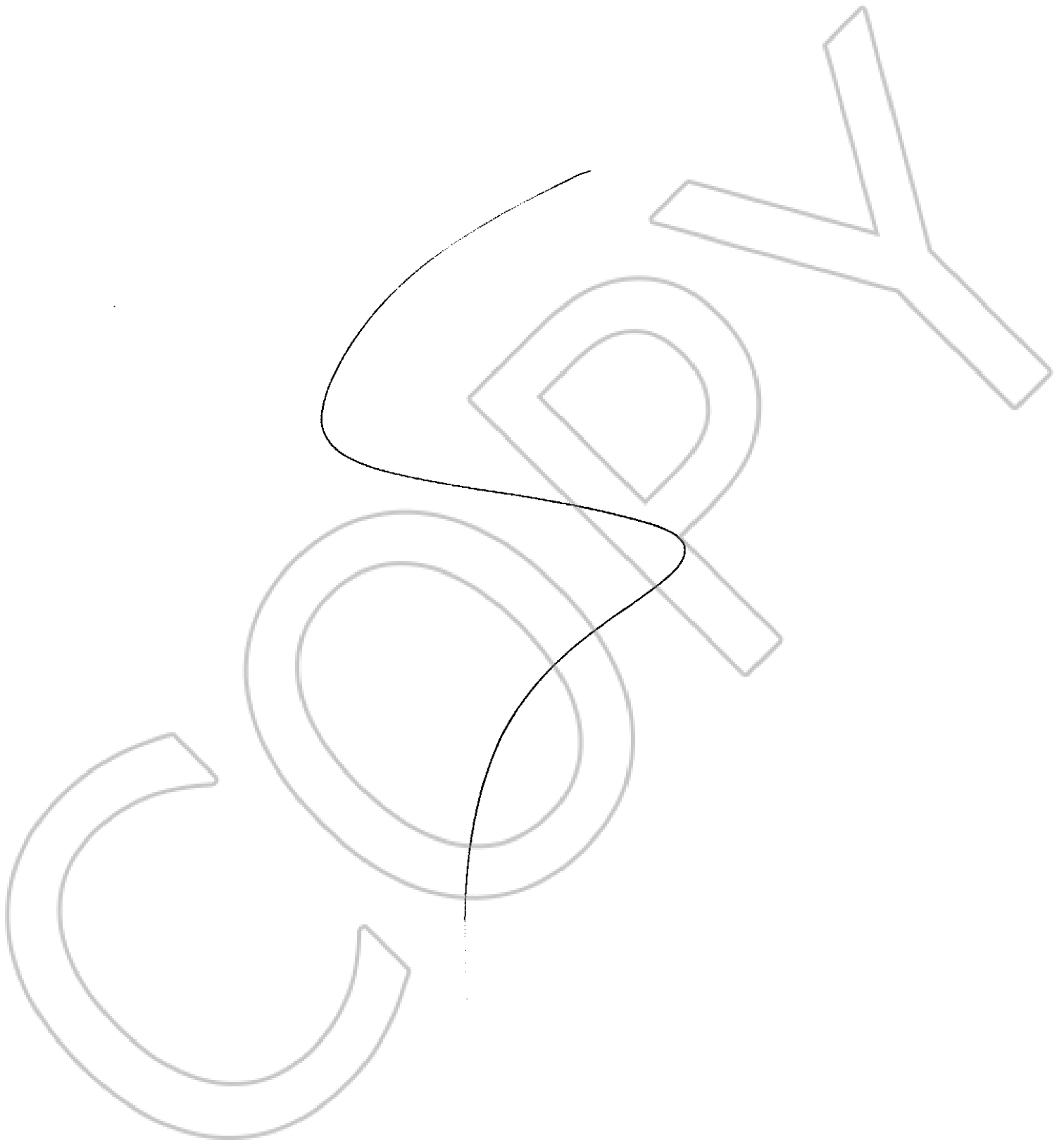
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REQUESTED BY
Rachelle Nicole
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 MAR 14 AM 11:17

LINDA SLATER
RECORDER

\$17.00 PAID *KQ* DEPUTY



0626225

BK1004PG03504