

**OFFICIAL RECORD**  
Requested By:  
JOHN GAVIN ESQ

APN: 1420-08-212-027

When recorded and mail tax statements to:

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0107 PG- 4814 RPTT: 0.00



✓ Nancy P. Sheek  
1420 Gaucho Lane  
Reno, NV 89521

**NOTICE OF DEATH OF TRUSTEE**

STATE OF NEVADA        )  
  : ss  
CARSON CITY            )

I, NANCY P. SHEEK, being first duly sworn, depose and say:

THAT, WALTER C. SHEEK, died on or about December 1, 2005;  
and a copy of the Certificate of Death is attached hereto as Exhibit "A", and  
incorporated herein by this reference.

THAT WALTER C. SHEEK, was a Co-Trustee of the SHEEK  
FAMILY TRUST, dated October 8, 2002; the owner of all that certain real  
property situate in Douglas County, Nevada, as more particularly described in  
that certain Trust Transfer Deed, dated October 8, 2002, recorded in the Official  
Records of the County of Douglas, State of Nevada, as Document No. 0560894,  
and more particularly described as follows:

Lot 4, in Block J, as shown on the Amended Map of SUNRIDGE  
HEIGHTS, PHASE 5B, a Planned Unit Development, according to  
the map thereof, filed in the office of the County Recorder of  
Douglas County, State of Nevada, on February 22, 1995, in Book  
295 Page 3219, as Document No. 356642.

Also known as: 1027 Haystack, Carson City, Nevada.

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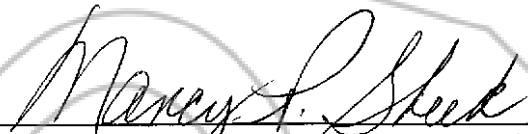
THAT NANCY P. SHEEK is the surviving Trustee of the SHEEK FAMILY TRUST.

THAT as of this date, the said trust has not been amended or revoked, and Affiant is the sole Trustee thereof.

THAT this notice was executed in Carson City, Nevada.

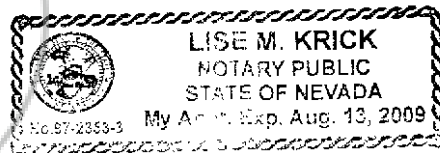
FURTHER Affiant sayeth naught.

Dated: 12/22/2006

  
\_\_\_\_\_  
Nancy P. Sheek, Surviving Trustee of  
the Sheek Family Trust, dated October  
8, 2002.

On 22 Dec, 2006, personally appeared before me, a Notary Public, Nancy P. Sheek, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Notice of Death of Trustee, who acknowledged to me that she executed the foregoing document.

  
\_\_\_\_\_  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

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

**2005003363**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Walter Charles SHEEK Jr.		2. December 1, 2005	3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not aliter, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Prnt. Inpatient (Specify)
3b. Reno		3c. Washoe Medical Center	3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	SEX
5. White		6.	4. Male
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Missouri	9b. USA	10. 15	11. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED] 7062		14a. Manager	14b. Grocery
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Carson City	15d. 1027 Haystack Dr.
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Walter Charles Sheek Sr.		17. Ruth J. Crotty	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Nancy Sheek		18b. 1027 Haystack Dr. Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. Walton's Sierra Crematory	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 009	Walton's Douglas Mortuary 20c. 1478 4th Street, 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)		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)	
21b. 12-7-2005		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. 2345		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON <input type="checkbox"/> AT <input checked="" type="checkbox"/>	
23a. <i>[Signature]</i> 75 Angle #401 Reno, NV 89502		23b. 4093	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i> Dep.	24b. December 7, 2005	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) CARDIOGENIC SHOCK		Interval between onset and death	
(b) ANTERIOR WALL MYOCARDIAL INFARCTION		Interval between onset and death	
(c)		Interval between onset and death	
PART 1 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	28d.
	28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
			0692911 Page: 3 Of 3 01/18/2007

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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



STATE REGISTRAR

No. 321259

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

*Mary A. Anderson*

Deputy Registrar

Date:

DEC 9 2005