

18,  
Assessor's Parcel Number: 1320-02-001-022

Recording Requested By:

Name: Judith A. Otto, Ltd.

Address: 6880 S. McCarran Blvd., #10

City/State/Zip Reno, Nevada 89509

Real Property Transfer Tax:

DOC # **0792704**  
11/16/2011 11:43 AM Deputy: KE  
**OFFICIAL RECORD**  
Requested By:  
JUDITH OTTO

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 5 Fee: 18.00  
BK-1111 PG- 3543 RPTT: 0.00



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Affidavit of Successor Trustee

\_\_\_\_\_  
(Title of Document)

This Document is being re-recorded to be recorded in the correct County.

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

A.P. No. 1320-02-001-022

When recorded mail to:

Onchuck Law Office, S.C.  
135 North Lake Avenue  
Phillips, Wisconsin 54555

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF *Wisconsin* )  
  ) ss  
COUNTY OF *RACINE* )

I, RICHARD A. WALASEK, a married man, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated April 8, 1981, Otto F. Walasek, also known as Otto Walasek, executed The Otto F. Walasek Trust dated April 8, 1981.

(2) Said trust appointed myself, ARTHUR F. WALASEK, a married man, and CARL F. WALACEK, an unmarried man, to serve as Successor Trustees upon the death or incapacity of OTTO F. WALASEK.

(3) That OTTO F. WALASEK, is now deceased, having died in Price County, State of Wisconsin, on September 17, 2009. Attached hereto is a certified copy of the Certificate of Death of OTTO F. WALASEK, which has been duly filed with the Wisconsin Department of Human Resources, Division of Health, Section of Vital Statistics, Price County, Wisconsin. That your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) Pursuant to the terms of the Trust, ARTHUR F. WALASEK, a married man, CARL F. WALACEK, an unmarried man,

and I have assumed the responsibilities of Successor Trustees.

(5) That the beneficial interest of that certain Note and Deed of Trust executed on June 20, 2007, by CATHY LYNN ADAMSON, Trustee of the Cathy Lynn Adamson Separate Property Trust dated June 23, 2005, and recorded on July 6, 2007, as Document No. 0704611 in the Official Records, Douglas County, State of Nevada, and is part of the trust estate and is secured by that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Northeast 1/4 of the Southwest 1/4 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M. D. B. & M., further described as follows:

Parcel A as set forth on Parcel Map for Jerry and Virginia Webb, filed in the office of the County Recorder of Douglas County, State of Nevada on June 20, 1975, in Book 675, Page 584, Document No. 81132.

(6) ARTHUR F. WALASEK, a married man, and CARL F. WALACEK, an unmarried man and I are authorized under the terms of the Trust and applicable provisions of the Nevada revised Statutes to act as the Successor Trustees with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

Executed this 2nd day of FEBRUARY, 2011, at Reno, Nevada.

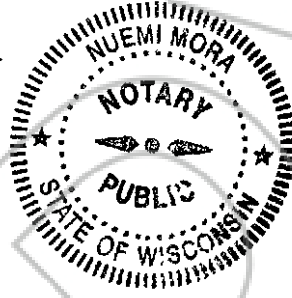
Richard A. Walasek  
Richard A. Walasek,  
Successor Trustee



STATE OF WISCONSIN )  
COUNTY OF Racine ) ss

This instrument was acknowledged before me on Feb 2nd, 2011, by RICHARD A. WALASEK, as Successor Trustee of The Otto F. Walasek Trust dated April 8, 1981.

  
Notary Public



WISCONSIN CERTIFICATE OF VITAL RECORD

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BK- 1111 PG- 3547



Permanent Use: **BLANK** (No Notations or Erasures)

Read Instructions (DPH 5040A) before completing this form.

STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES ORIGINAL CERTIFICATE OF DEATH PART I FACT OF DEATH

STATE FILE DATE: **905**

1. DECEDENT'S NAME: **Otto Frank MALASEK** LAST: **MALASEK** 2. SEX:  M  F 3. DECEASED'S SOCIAL SECURITY NO.: **3889**

4. DATE PROUNCHED DEAD (Month, Day, Year): **September 17, 2009**

5. BODY FOUND (24 hr. more hours after death):  Yes  No

6. TIME OF DEATH (24 hr. more hours after death): **7:30 A.M.**

7. DATE OF BIRTH (Month, Day, Year): **March 11, 1919** 8. COUNTY OF DEATH: **Price**

9. DEATH AT HOSPITAL:  Yes  No

10. OTHER PLACE:  M.H.  Hosp.  Other  Other  Other  Other

11. HOSPITAL/NURSING HOME NAME (and County of Address): **Park Falls Park Manor Nursing Home** 11b. N.H. LIC. NO.: **2452**

12. MARITAL STATUS:  Married  Never Married  Divorced  Widowed  Single

13a. RESIDENCE PLACE (Include City, Village or Township of): **Park Falls** 13b. RESIDENCE STATE (County if not in U.S.): **Wisconsin Price**

14. NUMBER AND STREET: **250 Lawrence Avenue** 14b. ZIP CODE: **54552** 15. STATE OF BIRTH (County, if not in U.S.): **Wisconsin**

16. FATHER'S NAME: **Frank O. Malasek** 17. MOTHER'S NAME: **Mary Svoboda** 18. SURVIVING SPOUSE: **None**

19a. INFORMANT'S NAME: **Richard Malasek** 19b. INFORMANT'S MAILING ADDRESS (Name, Street, City, State, ZIP): **3918 17th Street Kenosha, WI 53144**

20a. NAME AND ADDRESS OF FUNERAL FACILITY (Full Name and Address of Family Member, if applicable): **Novitask Funeral Home** 20b. SIGNATURE - FUNERAL SERVICE LICENSEE (or person acting as such): **[Signature]** 20d. DATE SIGNED (Month, Day, Year): **September 18, 2009**

21. SIGNATURE - LOCAL REGISTRAR: **[Signature]** 21b. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): **9-24-09**

22. SIGNATURE - LOCAL REGISTRAR: **[Signature]**

23. MEDICAL CERTIFICATE (Check one):  Certifying Physician; To the best of my knowledge, death was pronounced and occurred at the time and date(s) stated; the manner of death was **Natural**; and death was due to the causes stated.

Coroner/M.E.: On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time and date(s) stated and due to the causes and manner stated.

24. ACTUAL OR ESTIMATED DATE OF DEATH (If different from date in 4b): **AD Same as 4b**

25. SIGNATURE - MEDICAL CERTIFIER (due also to 20d on 18 portion of the death certificate): **[Signature]**

26. MEDICAL CERTIFIER'S MAILING ADDRESS (Name, Street, City, State, ZIP): **1155 4th Ave So. P.O. Box 263 Park Falls, WI 54852**

27. DATE SIGNED BY MEDICAL CERTIFIER (Month, Day, Year): **9/18/09**

28. DATE SIGNED BY LOCAL REGISTRAR (Month, Day, Year): **9-24-09**

PART 2 EXTENDED FACT OF DEATH (AVAILABLE ONLY TO THOSE WITH A DIRECT AND TANGIBLE INTEREST IN THIS RECORD OR FOR A STATE-APPROVED RESEARCH USE (PFR 8.09 2011))

31. USUAL OCCUPATION (Do not enter "Retired"):

32. KIND OF BUSINESS/INDUSTRY:

33. DECEASED EVER IN THE ARMED FORCES (Army, Navy or Marine):  Yes  No

34. DECEASED WAS TRIBAL MEMBER (See PFR 8.09 2011):  Yes  No

35. METHOD OF DISPOSITION:  Burial  Cremation  Donation

36. PLACE OF DISPOSITION: **Nash-Jackson Cremation Services**

37. LOCATION OF CEMETERY OR CREMATORY (City, Village, Township, Street) (or County, if not in U.S.): **Ladywell Ch, WI**

38. PLACE OF DISPOSITION: **Pharmaceutical Industry**

39. DECEASED WAS TRIBAL MEMBER (See PFR 8.09 2011):  Yes  No

40. IF INQUIRY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED:

41. DATE OF INQUIRY (Month, Day, Year): **MI**

42. HOUR OF INQUIRY: **MI**

43. PLACE OF INQUIRY (Specify Home, Street, Farm, etc.): **MI**

44. INQUIRY AT WORK:  Yes  No

45. LOCATION OF INQUIRY (Street or RD, City, Village, and State): **MI**

46. COUNTY OF INQUIRY (State or County if not in Wis.): **MI**

Judith L. Chizek  
PRICE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

9239316 Date Issued: 9/24/09

