

17 02

APN: 1419-27-610-018
WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
DARSI J. CASEY, CPA, MST, Trustee
CASEY, NEILON & ASSOCIATES, LLC
503 North Division Street
Carson City, NV 89703

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

DARSI J. CASEY, CPA, MST, of CASEY, NEILON & ASSOCIATES, LLC, whose mailing address is 503 North Division Street, Carson City, Nevada 89703, being first duly sworn, deposes and says:

1. That RONALD L. SIMEK, also known as RONALD LEE SIMEK, died on January 20, 2015, and a Certificate of Death is attached hereto and incorporated herein by this reference.

2. That RONALD L. SIMEK was the Trustor and the original Trustee of THE RONALD L. SIMEK 2004 TRUST, created on April 1, 2004, and as amended and restated, in its entirety, on January 6, 2015.

3. That THE RONALD L. SIMEK 2004 TRUST is the owner of that certain parcel of real property situated in the County of Douglas, State of Nevada, commonly known as

266 James Canyon loop, Genoa, Nevada 89411, being Assessor's Parcel Number 1419-27-610-018, as more particularly described in that certain Grant, Bargain, Sale Deed, dated October 3, 2007, and recorded in the Office of the Douglas County Recorder on October 10, 2007, as Document No. 0710878, and being more particularly described as follows:

A parcel of land located within a portion of Section 27, Township 14 North, Range 19 East, Mount Diablo Meridian, described as follows:

Commencing at the Southeast corner of Lot 22 as shown on the Final Subdivision Map PD 00-16 for Mountain Meadow Estates, Phase I recorded March 6, 2002 in the office of Recorder, Douglas County, Nevada as Document No. 536360, the POINT OF BEGINNING;

Thence along the Westerly line of James Canyon Loop, along the arc of a curve concave to the Southwest, having a radius of 170.00 feet, central angle of $11^{\circ}40'17''$, arc length of 34.63 feet, and chord bearing and distance of South $70^{\circ}11'50''$ East, 34.57 feet; thence South $49^{\circ}35'52''$ West, 269.19 feet; thence North $57^{\circ}37'53''$ West, 211.67 feet; thence North $41^{\circ}31'52''$ East 216.16 feet to a point on said Westerly line of James Canyon Loop; thence along said Westerly line, along the arc of a curve concave to the Northeast, nontangent to the preceding course, having a radius of 230.00 feet, central angle of $32^{\circ}33'10''$, arc length of 130.68 feet, and chord bearing and distance of South $59^{\circ}45'24''$ East, 128.93 feet; thence continuing along said Westerly line, South $76^{\circ}01'59''$ East, 99.49 feet to the POINT OF BEGINNING.

The Basis of Bearing of this description North $89^{\circ}22'26''$ East, the North line of the Northwest one-quarter of Section 26, Township 14 North, Range 19 East, M.D.M. Said land is shown as adjusted Lot 22, Block B of Mountain Meadow Estates as shown on Record of Survey to Support a Boundary Line Adjustment for Ronald L. Simek recorded December 6, 2002 in said office of Recorder as Document No. 560049.

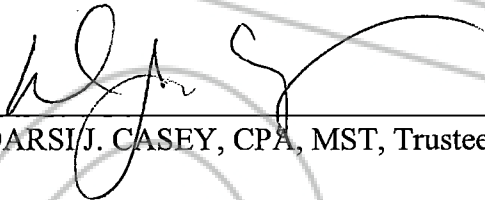
(Pursuant to NRS 111.312 this legal description was previously recorded on October 10, 2007, at Document No. 0710878.)

4. That due to the passing of RONALD L. SIMEK, DARSIJ. CASEY, CPA, MST, is the currently acting Trustee of THE RONALD L. SIMEK 2004 TRUST.

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

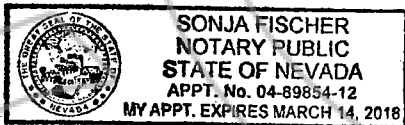
Dated: 1/29/15




DARSIJ. CASEY, CPA, MST, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On January 29, 2015, personally appeared before me, a notary public, DARSIJ. CASEY, CPA, MST, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.





NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015000920

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Ronald Lee SIMEK		2. DATE OF DEATH (Mo/Day/Year) January 20, 2015		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Year) November 09, 1929	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 0065		14a. USUAL OCCUPATION (Give kind of work done during most of life) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Cattle-Ranching	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2901 Jacks Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph SIMEK	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vlasta HYRDLICKA		18a. INFORMANT - NAME (Type or Print) Rhonda CUMMINGS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) W8396 County Road 1 Ogema, Wisconsin 54459				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial	
	19b. CEMETERY OR CREMATORY - NAME Mount Olive Cemetery		19c. LOCATION City or Town, State Westboro Wisconsin			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Wallon's Funeral Home, Reno 875 West Second St Reno NV 89503	
	21a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED LEONARDO BUNUEL-JORDANA					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 22, 2015		21c. HOUR OF DEATH 12:40		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) stated. (Signature & Title)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Leonardo Bunuel-Jordana, 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER 1162	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2015		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) Septic Shock Interval between onset and death:						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Pneumonia Interval between onset and death:						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Unknown Etiology Interval between onset and death:						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II - 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) No						
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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

VRS-Rev-20120523a

000175074

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.

1/23/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

