

APN: 1318-10-04-035

Recording Requested By and
When Recorded Mail to:
Robert Armstrong, Esq.
McDonald Carano Wilson, LLP
PO Box 2670
Reno, Nevada 89501

Send Tax Statements to:
Traci Ann Seeliger, Trustee
The Michael and Traci Seeliger Family Trust/Survivors Trust
3255 Kinney Ct.
Reno, Nevada 89511

The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

TODD FERGUSON and TRACI ANN SEELIGER, being first duly sworn, upon oath depose and say:

1. Affiants are over the age of twenty-one years, legally competent and possessed of their rights; and
2. MICHAEL B. SEELIGER, the decedent mentioned in the certified copy of the Certificate of Death attached hereto as Exhibit "A", and incorporated herein and made a part hereof by this reference, is one of the Co-Trustees of THE MICHAEL AND TRACI SEELIGER FAMILY TRUST, under declaration of trust dated January 28, 2009 (the "Trust"), which acquired title to certain real property commonly known as 630 Don Drive, Zephyr Cove, Douglas County, Nevada, under Document No. 757732 recorded on January

26, 2010, and more particularly described on Exhibit "B" attached hereto and incorporated herein by this reference.

3. Affiants, TODD FERGUSON and TRACI ANN SEELIGER, further state that MICHAEL B. SEELIGER died in the County of Washoe, State of Nevada on April 13, 2014 and as a result of his death and pursuant to the terms of the Trust, TODD FERGUSON and TRACI ANN SEELIGER became the successor co-Trustees of the Trust.

4. Title to the subject property is now held as follows:

**"TODD FERGUSON and TRACI ANN SEELIGER, Trustees of
THE MICHAEL AND TRACI SEELIGER FAMILY TRUST
(u/d/t: January 28, 2009)"**

We declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Further your affiants sayeth naught.

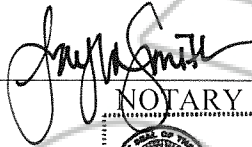
DATED: This ____ day of February, 2015.


By: Todd Ferguson
Todd Ferguson, Trustee

By: Traci Ann Seeliger
Traci Ann Seeliger, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

On the 7th day of ~~February~~ March, 2015, personally appeared before me, a notary public, TODD FERGUSON, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged that he or she executed the instrument.



NOTARY PUBLIC
 TAYLOR SMITH
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 12-8457-2 - Expires August 1, 2016

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

On the 27th day of February, 2015, personally appeared before me, a notary public, TRACI ANN SEELIGER, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged that he or she executed the instrument.




NOTARY PUBLIC
 SUNNY S. ALLEN
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 99-58199-12 - Expires August 5, 2015

EXHIBIT "A"
DEATH CERTIFICATE

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2014006786

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

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Brooks SEELIGER		2 DATE OF DEATH (Mo/Day/Year) April 13, 2014		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Northeast of the Stead Airport		3e If Hosp or Inst. indicate DOA, OP, Emer Rm. Inpatient(Specify) Desert	
4 SEX Male		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 46		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) January 20, 1968		9a STATE OF BIRTH (If not U.S.A. name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Traci Ann HENSON	
13 SOCIAL SECURITY NUMBER [REDACTED] 0372		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Senior Vice President		14b KIND OF BUSINESS OR INDUSTRY Financial Advisor	
15a RESIDENCE - STATE Nevada		15b COUNTY Washoe		15c CITY, TOWN OR LOCATION Reno	
15d STREET AND NUMBER 3255 Kinney Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas A SEELIGER	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Kay PARK		18a INFORMANT- NAME (Type or Print) Traci Ann SEELIGER		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3255 Kinney Court Reno, Nevada 89511	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c LOCATION City or Town State Reno Nevada 89503	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 622		20c NAME AND ADDRESS OF FACILITY Walton'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)		21b DATE SIGNED (Mo/Day/Yr)		21c HOUR OF DEATH	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED		22b DATE SIGNED (Mo/Day/Yr) April 29, 2014	
		22c HOUR OF DEATH 12:16		22d PRONOUNCED DEAD (Mo/Day/Yr) April 13, 2014	
		22e PRONOUNCED DEAD AT (Hour) 12:16		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520	
		23b LICENSE NUMBER 11610		24a REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 30, 2014		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) Multiple Blunt Force Injuries DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		26 AUTOPSY (Specify Yes or No) Yes		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify) ACCIDENT		28b DATE OF INJURY (Mo/Day/Yr) April 13, 2014		28c HOUR OF INJURY 1209	
28d DESCRIBE HOW INJURY OCCURRED Single helicopter collision		28e INJURY AT WORK (Specify Yes or No) No		28f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) by Stead Airport	
28g LOCATION Northeast of the Stead Airport		28h STREET OR R.F.D No		28i CITY OR TOWN Reno	
				28j STATE Nevada	

STATE REGISTRAR

3767125

VRS-Rev-20120523a

000150184

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.

04/30/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

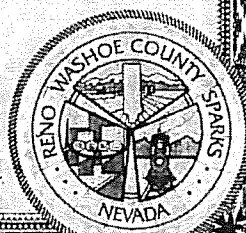
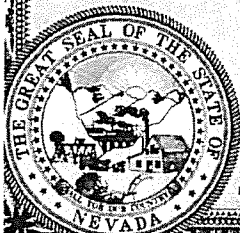


EXHIBIT "B"

Legal Description of Property

APN: 1318-10-04-035
630 Don Drive
Zephyr Cove, Nevada

LOT 11, IN BLOCK 2, AS SHOWN ON THE MAP OF ZEPHYR HEIGHTS
SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, NEVADA, ON JULY 5, 1947, IN BOOK 1 OF MAPS AS FILE NO. 5160.

