

DOUGLAS COUNTY, NV

2015-858183

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03/11/2015 02:46 PM

MCDONALD CARANO WILSON LLP

KAREN ELLISON, RECORDER

APN: 1318-10-417-035

**Recording Requested By and:
When Recorded Mail To:**

Robert E. Armstrong, Esq.
McDonald Carano Wilson, LLP
P.O. Box 2670
Reno, NV 89505

Mail Tax Statements To Owner:

Traci Ann Seeliger, Trustee
The Michael and Traci Seeliger Family Trust/Survivor's Trust
3255 Kinney Ct.
Reno, Nevada 89511

COVER PAGE

AFFIDAVIT OF DEATH OF CO-TRUSTEE

This document is being re-recorded to correct the APN to 1318-10-417-035. The document was originally recorded with the incorrect APN on March 5, 2015 as Document No. 2015-857773.

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.

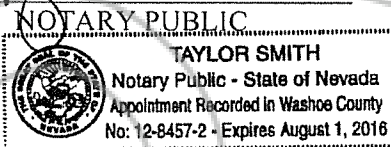
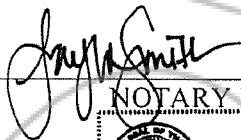
DATED: This ____ day of February, 2015.

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.



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

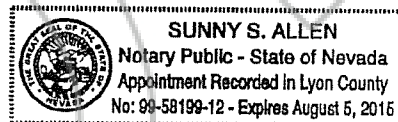


EXHIBIT "A"
DEATH CERTIFICATE

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	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		3d, if Hosp. or Inst. Indicate DOA, OP, Emer Rm. Inpatient (Specify) Desert	
DECEDENT	5 RACE White		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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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 -0372	
PARENTS	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		14c Ever in US Armed Forces? No	
	15a RESIDENCE - STATE Nevada		15b COUNTY Washoe		15c CITY, TOWN OR LOCATION Reno	
DISPOSITION	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	
	16b MOTHER/PARENT - NAME (First Middle Last Suffix) Kay PARK		17 INFORMANT - NAME (Type or Print) Traci Ann SEELIGER		17b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3255 Kinney Court Reno, Nevada 89511	
TRADE CALL	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 822		20c NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St. Reno NV 89503	
CERTIFIER	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) April 28, 2014		21c HOUR OF DEATH 12:16	
	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 13, 2014	
REGISTRAR	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	
CAUSE OF DEATH	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	
	25a ACC, SUICIDE HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		25b DATE OF INJURY (Mo/Day/Yr) April 13, 2014		25c HOUR OF INJURY 1209	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	25d DESCRIBE HOW INJURY OCCURRED Single helicopter collision		25e LOCATION STREET OR R.F.D. No Northeast of the Stead Airport		25f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) by Stead Airport	
	25g LOCATION CITY OR TOWN STATE Reno Nevada		26 AUTOPSY (Specify Yes or No) Yes		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR

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.

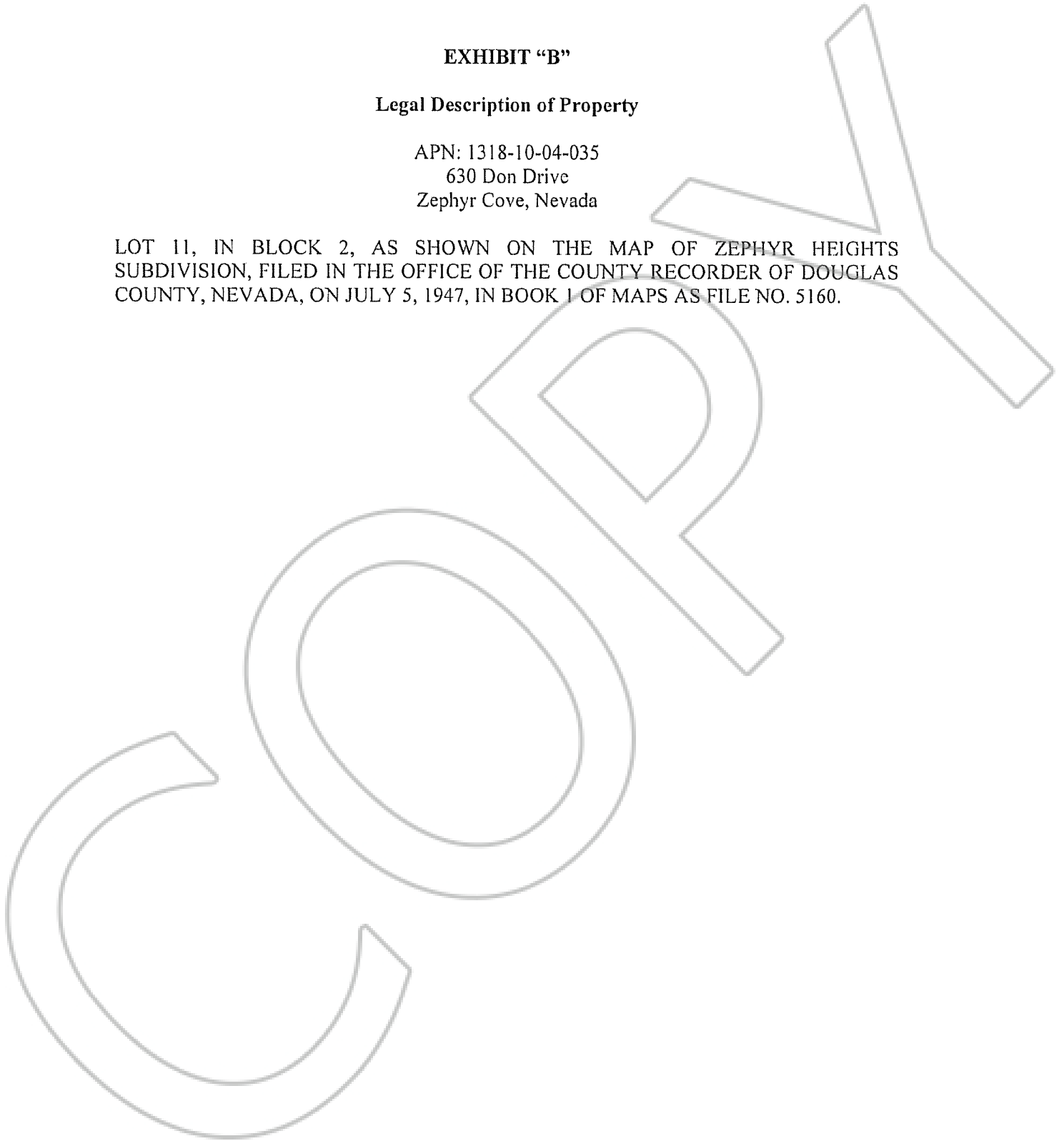


EXHIBIT "B"

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.



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:

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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.

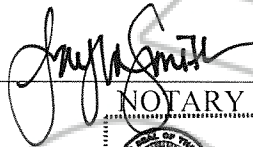
DATED: This ____ day of February, 2015.

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		7a AGE-Last birthday (Years) 46		8 DATE OF BIRTH (Mo/Day/Yr) January 20, 1968	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7b UNDER 1 YEAR MOS DAYS HOURS MINS	
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 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		15 Ever in US Armed Forces? No	
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	
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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 (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d)		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 STREET OR R.F.D No Northeast of the Stead Airport		CITY OR TOWN Reno		STATE Nevada	

STATE REGISTRAR

3767125

VRS-Rev-20120522a

000150184

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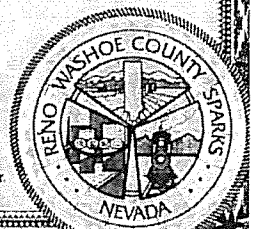


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