DOUGLAS COUNTY, NV

2015-858183

Rec:\$26.00

\$26.00 Pgs=13

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.

DOUGLAS COUNTY, NV

2015-857773

Rec:\$19.00

\$19.00 Pgs=6

03/05/2015 08:29 AM

MCDONALD CARANO WILSON LLP
KAREN ELLISON, RECORDER

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	)	The second second
/		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.

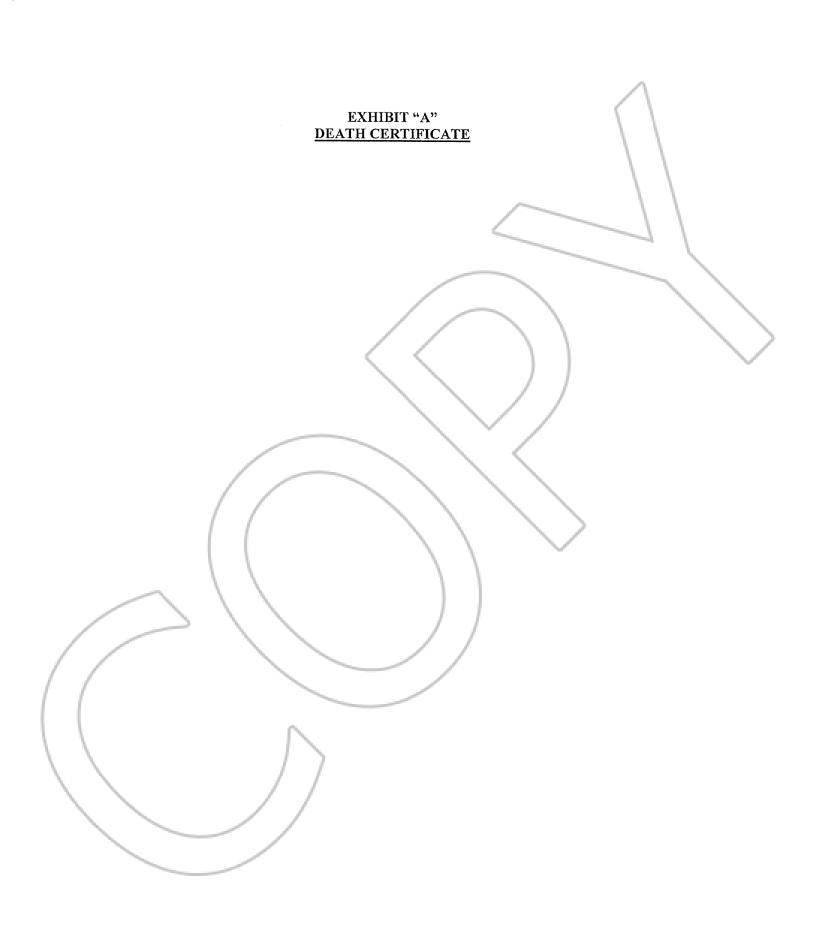
DATED: This \_\_\_\_ day of February, 2015.

Todd Ferguson, Trustee

Traci Ann Seeliger, Trustee

STATE OF NEVADA	
COUNTY OF WASHOE	) ss: )
FERGUSON, personally kno	No. 2015, personally appeared before me, a notary public, TODD own (or proved) to me to be the person whose name is subscribed acknowledged that he or she executed the instrument.
	NOTARY PUBLIC TAYLOR SMITH
STATE OF NEVADA	Notary Public - State of Nevada Appointment Recorded in Washoe County No: 12-8457-2 - Expires August 1, 2016
COUNTY OF WASHOE	immunipumananininininininininininininininininini
ANN SEELIGER, personal	NOTARY PUBLIC  SUNNY S. ALLEN Notary Public - State of Nevada Appointment Recorded in Lyon County No: 99-58199-12 - Expires August 5, 2015

\*





# WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH		and the state of t	2014006786 STATE FILE NUMBER		
1a DECEASED-NAME (FIRST, MIDDLE, LAST, SUF	FIX)	despessive description	2. DATE OF DEATH		3a COUNTY OF DEATH
Michael Brooks	SEELIGER		April 13,	2014	Washoe
36 CITY, TOWN, OR LOCATION OF DEATH 3C. H	OSPITAL OR OTHER INSTITUTION	-Name(If not either, give	street 3e,f Hosp.	or Inst. Indicate DC	The state of the s
Reno	number) Northeast of the	Stead Alport	inpatient(5	pecify) Deser	Male
5 RACE White (Specify)	6 Hispanic Origin? Specify No - Non-Hispanic		75 UNDER 1 YEAR MOS   DAYS		B DATE OF BIRTH (Mo/Day/Yr)  January 20, 1968
name country) Nevada L	N OF WHAT COUNTRY 10 EDUCA United States 16	TION 11 MARRIED, NE DIVORCED (Spec	VER MARRIED, WID ∺ly) Married	OWED, 12 SU maiden	RVIVING SPOUSE (if wife, give
-0372 of Working	VL OCCUPATION (Give Kind of World ) Life, Even if Relifed) Senior Vice	a President	The second of th	siness on indus ancial Advisor	TRY Ever in US Armed Forces? No
15a RESIDENCE - STATE 15b COUNTY  Nevada	15c CITY, TOWN OR	LOCATION 15d 5	TREET AND NUMBE 5 Kinney Court	R	15a INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER/PARENT - NAME (First Middle Last Thomas A SE			ARENT - NAME (Fir	st Middle Last S Kay PARK	
18a INFORMANT- NAME (Type or Print) Traci Ann SEELIGER			F.D. No. City or Town Inney Court Rer		i <b>11</b>
19a BURIAL, CREMATION, REMOVAL, OTHER (S Cremation	pacify) 19b CEMETERY OR CREM	ATORY - NAME ( )		19¢ LOCATION	City or Town State
20a FUNERAL DIRECTOR SIGNATURE (OF Pers BLAKE HOWE SIGNATURE AUTHENTI	DIRECTOR	AL 20c NA) LICENSE 22	化磺酰甲二甲烷 经有效的 经工程	F FACILITY on's Funeral He at Second St. Re	and the form that the process are a first that the first of the first
TRADE CALL - NAME AND ADDRESS		31,32°, 1 - 15,4°	40 CAFA 10 F	A/10/19/5/2016	
21a To the best of my knowledge, death occurred to the cause(s) stated. (Signature & Title of the cause(s) stat	OTHER THAN CERTIFIER	D D the time, d	April 13, 2014 April 13, 2014 April 13, 2014	s to the cause(s) st <b>1.D.</b> r) 22c lo/Day/Yr) 22e	on, in my opnion death occurred a sied (Signature & Title)  SIGNATURE AUTHENTICAT HOUR OF DEATH  12:16  PRONOUNCED DEAD AT (Hour)  12:16
	ICIAN, ATTENDING PHYSICIAN, M DICZEK M.D. 10 Kirman Ave			r Print)	236 LICENSE NUMBER 11610
	DGES SANDI	24b DATE RECEIVE (Mo/Dayryr)	p by registrar pril 30, 2014	24c. DEATH D	DUE TO COMMUNICABLE DISEAS S NO X
25 MMEDIATE CAUSE (ENTER ONLY C PART I (a) Multiple Blunt Force	ONE CAUSE PER LINE FOR (=), (b). Injuries	AND (c).)			i interval batwaan onset and dea i
DUE TO, OR AS A CONSEQUEN	V > 4VEV	MIN /			Interval between onset and dea
DUE TO, OR AS A CONSEQUEN	Name of State of Stat				Interval between caset and dea
DUÉ TO, OR AS A CONSEQUEN	CE OF				initerval between onset and dea
PART    OTHER SIGNIFICANT CONDITIONS-Cor	nditions contributing to death but not	resulting in the underlying	g cause given in Pari	1 26 AUTO (Specify	PRSY 27. WAS CASE REFERING TO CORONER (Specify or No) Yes

STATE REGISTRAR

1209

by Stead Airport

STATE

Nevada

CITY OR TOWN

Reno



TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

RADE CALL

CERTIFIER

REGISTRAR CAUSE OF DEATH

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

000150184

OR PENDING INVEST. (Specify)

28e INJURY AT WORK (Specify

No

#### 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.

April 13, 2014

building, etc. (Specify)

28' PLACE OF INJURY- At home, farm, street, factory, office

D4/30/2014 DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

Single helicopter collision

28g LOCATION STREET OR R.F.D. No. Northeast of the Stead Airport.



#### 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.



#### 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: <u>VOSA Vury</u> Todd Ferguson, Trustee

Traci Ann Seeliger, Trustee

STATE OF NEVADA	
COUNTY OF WASHOE	) ss: )
FERGUSON, personally know	, 2015, personally appeared before me, a notary public, TODD wn (or proved) to me to be the person whose name is subscribed acknowledged that he or she executed the instrument.
	Jan Smith
STATE OF NEVADA	NOTARY PUBLIC  TAYLOR SMITH  Notary Public - State of Nevada  Appointment Recorded in Washoe County  No: 12-8457-2 - Expires August 1, 2016
ANN SEELIGER, personal	2015, personally appeared before me, a notary public, TRACI y known (or proved) to me to be the person whose name is
subscribed to the above i instrument.	nstrument, who acknowledged that he or she executed the
	NOTARY PUBLIC
	SUNNY S. ALLEN Notary Public - State of Nevada Appointment Recorded in Lyon County No: 99-58199-12 - Expires August 5, 2015
1	
/	



CERTIFICATION OF VITAL RECORD

# WASHOE COUNTY HEALTH DISTRICT

VITAL STATIŠTICS – RENO, NĒVADA

#### CERTIFICATE OF DEATH 2014006786 STATE FILE NUMBER 18 DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF DEATH Michael Brooks SEELIGER April 13, 2014 Washoe 36 CITY, TOWN, OR LOCATION OF DEATH [3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.if Hosp. or Inst. indicate DOA,OP/Emer. Rm. and number) npatient(Specify) Northeast of the Stead Alport Desert DECEDENT 5 RACE White 6 Hispanic Origin? Specify 78 AGE-Laut UNDER 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr) UNDER 1 YEAR 7c (Specify) birthday (Years) No - Non-Hispanic DAYS HOURS MINS January 20, 1968 9a. STATE OF BIRTH (If not U.S.A. 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11 MARRIED, NEVER MARRIED, WIDOWED 12 SURVIVING SPOUSE (if wife, give name country) Nevada United States 16 DIVORCED (Specify) Married maiden name) Traci Ann HENSON 13 SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most SEE HANDBOOK 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed of Working Life, Even if Relired) Senior Vice President Forces? No 0372 Financial Advisor OMPLETION OF RESIDENCE 15a RESIDENCE - STATE 15d STREET AND NUMBER 15e INSIDE CITY 15c. CITY, TOWN OR LOCATION 15b COUNTY Yes Nevada Washoe 3255 Kinney Court Reno 16 FATHER/PARENT - NAME (First Middle Last Suffix) 17 MOTHER/PARENT - NAME (First Middle Last Suffix) **PARENTS** Thomas A SEELIGER Kay PARK 18a INFORMANT- NAME (Type or Print) 18b, MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Traci Ann SEELIGER 3255 Kinney Court Reno, Nevada 89511 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b CEMETERY OR CREMATORY - NAME 19c LOCATION City or Town ISPOSITION Sierra Crematory Cremation Reno Nevada 89503 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20c NAME AND ADDRESS OF FACILITY 20b FUNERAL DIRECTOR LICENSE BLAKE HOWE Walton's Funeral Home, Reno 622 875 West Second St. Reno. NV 89503 SIGNATURE AUTHENTICATED RADE CALL TRADE CALL - NAME AND ADDRESS 21a To the best of my knowledge, death occurred at the time, date and place and 22a. On the basis of exemination and/or investigation, in my opinion death occurred at due to the cause(s) stated. (Signature & Title) the time, date and place and due to the cause(s) stated (Signature & Title) PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED CERTIFIER & 21b. DATE SIGNED (Mo/Day/Yr) 22c HOUR OF DEATH 1c. HOUR OF DEATH 22b DATE SIGNED (Mo/Day/Yr) April 29, 2014 12:16 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d PRONOUNCED DEAD (MovDay/Yr) 22e PRONOUNCED DEAD AT (Hour) (Type or Print) April 13, 2014 12:16 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520 11610 24a REGISTRAR (Signature) 24b DATE RECEIVED BY REGISTRAR 24c DEATH DUE TO COMMUNICABLE DISEASE BRIDGES SANDI REGISTRAR (Mo/Day/Yr) April 30, 2014 YES ио 🛛 SIGNATURE AUTHENTICATED CAUSE OF 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death Multiple Blunt Force Injuries PART I DEATH DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death PART || OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 27 WAS CASE REFERRED TO CORONER (Specify Yes 26 AUTOPSY (Specify Yes or No) Yes , SUICIDE, HOM , UNDET 28c HOUR OF HUURY 284 DESCRIBE HOW INJURY OCCURRED 28a, ACC, SUICIDE, HOM, CO OR PENDING INVEST. (Specify) ACCIDENT 28b. DATE OF INJURY (Mo/Day/Yr)

STATE REGISTRAR

1209

by Stead Airport

Nevada

Reno



28e INJURY AT WORK (Specify

No

Yes or No)

TYPE OR

PRINT IN PERMANENT

**BLACK INK** 

IF DEATH OCCURRED IN INSTITUTION

REGARDING

CONDITIONS IF ANY WHICH

IMMEDIATE

UNDERLYING CAUSE LAST

#### 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.

April 13, 2014

building, etc. (Specify)

28f PLACE OF INJURY- At home, farm, street, factory, office

04/30/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

STREET OR R.F.D. No.

DATE ISSUED:

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

Single helicopter collision

Northeast of the Stead Airport

28g LOCATION



#### **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.

