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KAREN ELLISON, RECORDER

*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

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ANDERSON, DORN & RADER, LTD.

**APN: 021-223-08**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Shawn B. Turek, Trustee  
3374 Coloma Drive  
Carson City, NV 89705

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, SHAWN B. TUREK, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated October 16, 1995, JOSEPH J. TUREK executed the JOSEPH J. TUREK 1995 REVOCABLE TRUST (the "Trust").

(2) JOSEPH J. TUREK deceased on June 15, 2017, at Dallas, Texas, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said JOSEPH J. TUREK.

(3) Said trust appointed me to serve as sole Trustee upon the death of JOSEPH J. TUREK.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



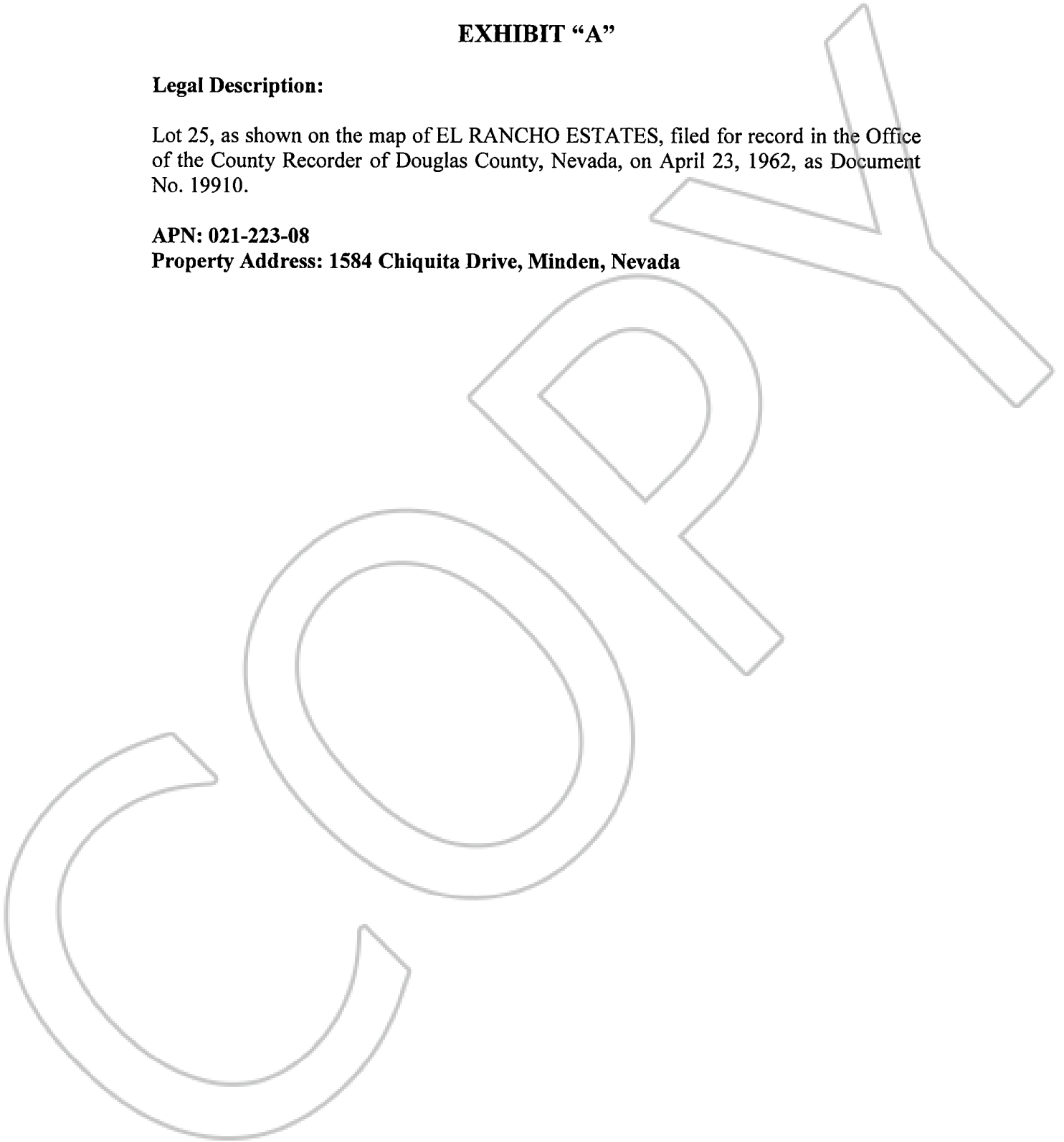
## EXHIBIT "A"

### Legal Description:

Lot 25, as shown on the map of EL RANCHO ESTATES, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 23, 1962, as Document No. 19910.

**APN: 021-223-08**

**Property Address: 1584 Chiquita Drive, Minden, Nevada**



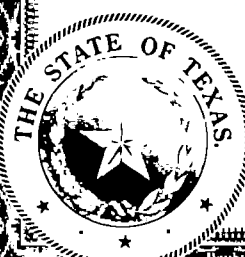
**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF DALLAS**

<b>STATE OF TEXAS</b>				<b>CERTIFICATE OF DEATH</b>				<b>STATE FILE NUMBER</b>			
1 LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)								2 DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)			
JOSEPH JOHN TUREK								JUNE 15, 2017			
3 SEX		4 DATE OF BIRTH (mm-dd-yyyy)		5 AGE Last Birthday (Years)		IF UNDER 1 YR		IF UNDER 1 DAY		8 BIRTHPLACE (City & State or Foreign Country)	
MALE		JANUARY 31, 1946		71		Mo Days		Hours Min		SANTA CLARA COUNTY, CA	
7 SOCIAL SECURITY NUMBER				8 MARITAL STATUS AT TIME OF DEATH				9 SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)			
9814				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
10a RESIDENCE STREET ADDRESS								10b APT NO		10c CITY OR TOWN	
1584 CHIQUITA ST.										MINDEN	
10d COUNTY				10e STATE		10f ZIP CODE		10g INSIDE CITY LIMITS?			
DOUGLAS				NEVADA		89423		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11 FATHER'S NAME PRIOR TO FIRST MARRIAGE						12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
JOHN TUREK						ROSARIO DIAS					
13 PLACE OF DEATH (CHECK ONLY ONE)											
IF DEATH OCCURRED IN A HOSPITAL						IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
14 COUNTY OF DEATH				15 CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)				16 FACILITY NAME (if not institution, give street address)			
DALLAS				DALLAS, 75235				PARKLAND MEMORIAL HOSPITAL			
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED						18 MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
SHAWN TUREK - SON						3374 COLOMA DR., CARSON CITY, NV 89705					
19 METHOD OF DISPOSITION						20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH					
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)						BRYAN MARSHALL, BY ELECTRONIC SIGNATURE - 11590					
21						22 PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					
						FAIRWAY CREMATORY					
23 LOCATION (City/Town, and State)						24 NAME OF FUNERAL FACILITY					
VAN, TX						BARTLEY FUNERAL HOME - GRAND SALINE					
25 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)						26 CERTIFIER (Check only one)					
1015 W WOLFE STREET, GRAND SALINE, TX 75140						<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.					
27 SIGNATURE OF CERTIFIER				28 DATE CERTIFIED (mm-dd-yyyy)		29 LICENSE NUMBER		30 TIME OF DEATH (Actual or presumed)			
STEPHEN LENFEST, BY ELECTRONIC SIGNATURE				JUNE 16, 2017		P9630		02 47 AM			
31 PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)								32 TITLE OF CERTIFIER			
STEPHEN LENFEST 2355 N. STEMMONS FWY, DALLAS, TX 75207								M D			
33 PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH										Approximate interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)										UNKNOWN	
a. BLUNT FORCE INJURIES AND THEIR SEQUELAE											
Due to (or as a consequence of)											
b. _____											
Due to (or as a consequence of)											
c. _____											
Due to (or as a consequence of)											
d. _____											
PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1										34 WAS AN AUTOPSY PERFORMED?	
HYPERTENSIVE CARDIOVASCULAR DISEASE										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
36 MANNER OF DEATH		37 DID TOBACCO USE CONTRIBUTE TO DEATH?		38 IF FEMALE				39 IF TRANSPORTATION INJURY, SPECIFY			
<input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year				<input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a DATE OF INJURY (mm-dd-yyyy)		40b TIME OF INJURY		40c INJURY AT WORK?		40d PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)					
MAY 21, 2017		10:15 AM		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ROADSIDE					
40e LOCATION (Street and Number, City, State, Zip Code)								40f COUNTY OF INJURY			
INTERSECTION OF I-20 EAST AND CR 126, TERRELL, TX 75161								KAUFMAN			
41 DESCRIBE HOW INJURY OCCURRED											
OPERATOR OF MOTORCYCLE IN MOTORCYCLE CRASH											
42a REGISTRAR FILE NO				42b DATE RECEIVED BY LOCAL REGISTRAR				42c REGISTRAR			
0205138				JUNE 19, 2017				REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED			
EOR NUMBER 00002120312											

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
 WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193, 193B)

S F 0 2 0 6 4 9 3 3  
 VS-112 REV 12/06



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051 Health and Safety Code.

ISSUED JUL 13 2017

*Margarita A. Carrasco*  
 Margarita A Carrasco  
 Local Registrar



WARNING THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE