

APN: N/A

**Mailing Address of Grantee or Other Person  
Requesting Recording:**

Wilson | Barrows | Salyer | Jones  
442 Court Street  
Elko, Nevada 89801

**Mail Tax Statements to:**

N/A

**Social Security Number Affirmation Statement:**

☒ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

**-OR-**

☐ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Rocio Palafox

Legal Secretary

Name

Title

*Rocio Palafox*  
Signature

**Title of Document Recorded:**

Certification of Death of Co-Trustee

## Certification of Death of Co-Trustee

The undersigned hereby certifies under oath and penalty of perjury pursuant to NRS 164.400 - 164.440, that the following facts are true:

1. **Jerry L. Machacek and Trina L. Machacek** created the **Jerry and Trina Machacek Revocable Living Trust** (the "Trust") by Trust Agreement dated June 18, 1997, as amended.
2. Jerry L. Machacek and Trina L. Machacek were the sole initial Co-Trustees of the Trust.
3. Jerry L. Machacek died on January 11, 2018, as shown by the certified copy of Certificate of Death attached hereto.
4. The undersigned, Trina L. Machacek, is the currently acting sole Trustee of the Trust, and in that capacity has acquired, and is holding, all legal and equitable title to all assets of the Trust formerly owned and held by Jerry L. Machacek and Trina L. Machacek as Co-Trustees.
5. The Trust has not been revoked or amended to make any representations contained in this Certification incorrect.
6. The signature below is the signature of the currently acting Sole Trustee.

Sole Trustee:

DATE: April 12, 2018



TRINA L. MACHACEK

[NOTARIZATION APPEARS ON FOLLOWING PAGE]

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WILSON | BARROWS | SALYER | JONES

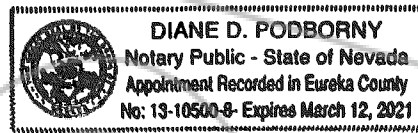
442 Court Street | Elko, Nevada 89801 | 775.738.7271

NOTE: NRS 164.400 requires both of the following jurat and acknowledgment to be completed by the Notary Public:

STATE OF NEVADA,                    )  
COUNTY OF Eureka            ) ss.

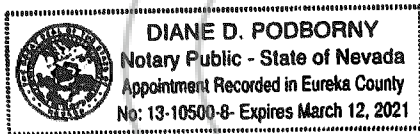
Subscribed and sworn to before me  
this 12<sup>th</sup> day of April 2018, by  
**Trina L. Machacek**, Sole Trustee.

*Diane D. Podborny*  
NOTARY PUBLIC



STATE OF NEVADA,                    )  
COUNTY OF Eureka            ) ss.

This instrument acknowledged before me on the 12<sup>th</sup> day of April 2018, by  
**Trina L. Machacek**, as Sole Trustee of the **Jerry and Trina Machacek**  
**Revocable Living Trust**.



*Diane D. Podborny*  
NOTARY PUBLIC

18040081rms.wpd  
April 10, 2018

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 3998606

**CERTIFICATE OF DEATH**

2018000689

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEASED**

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) <b>Jerry LaVerne MACHACEK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 11, 2018</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. <b>Northeastern Nevada Regional Hospital (NNRH)</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>73</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Trina RUSSELL</b>		13. DATE OF BIRTH (Mo/Day/Yr) <b>May 10, 1944</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Farmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		14c. Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>905 7th St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>LaVerne MACHACEK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eunice MEYER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Trina MACHACEK</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 239 Eureka, Nevada 89316</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		
19c. LOCATION City or Town State <b>Elko Nevada 89803</b>					
20a. FUNERAL DIRECTOR (Or Person Acting as Such) <b>JASON MUTH</b>			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		
20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b>			20d. PO BOX 669 Elko NV 89803		
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>TANZEEL ISLAM MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 17, 2018</b>					
21c. HOUR OF DEATH <b>14:38</b>					
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)					
22b. DATE SIGNED (Mo/Day/Yr)					
22c. HOUR 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) <b>Tanzeel Islam MD 2001 Errecart Blvd. Elko, NV 89801</b>					
23b. LICENSE NUMBER <b>17314</b>					
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>					
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 17, 2018</b>					
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Acute Congestive Heart Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute On Chronic Renal Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Respiratory Acidosis</b>					
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) <b>No</b>					
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. AGE, SUICIDE, HOMICIDE, 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**

VRB-R-20120523a



**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.

DATE ISSUED: **MAR 20 2018**

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

STATE REGISTRAR

