

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 The Trust has not been revoked or amended to make any representations contained in this Certification incorrect.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]

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.

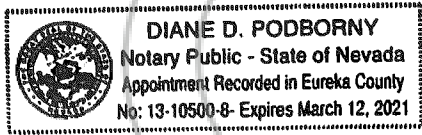
Subscribed and sworn to before me
this 12th day of April 2018, by
Trina L. Machacek, Sole Trustee.



Diane D. Podborny
NOTARY PUBLIC

STATE OF NEVADA,)
COUNTY OF Eureka) ss.

This instrument acknowledged before me on the 12th 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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerry LaVeme MACHACEK		2. DATE OF DEATH (Mo/Day/Year) January 11, 2018		3a. COUNTY OF DEATH Elko	
	3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) (Specify) Northeastern Nevada Regional Hospital (NRRH) Intensive Care Unit (ICU)		4. SEX Male	
DECEASED	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) May 10, 1944	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Trina RUSSELL			
PARENTS	13. SOCIAL SECURITY NUMBER 519-██████		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Farming	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	15d. STREET AND NUMBER 905 7th St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) LaVeme MACHACEK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eunice MEYER		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Trina MACHACEK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 239 Eureka, Nevada 89316			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 669 Elko NV 89803	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TANZEEL ISLAM MD		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)			
	21b. DATE SIGNED (Mo/Day/Yr) January 17, 2018		21c. HOUR OF DEATH 14:38		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
STATE REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Tanzeel Islam MD 2001 Errecart Blvd, Elko, NV 89801				23b. LICENSE NUMBER 17314	
	24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Acute Congestive Heart Failure				Interval between onset and death	
	(b) Acute On Chronic Renal Failure				Interval between onset and death	
(c) Respiratory Acidosis				Interval between onset and death		
(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 1.						
26a. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED						
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VRB-R-20120523a

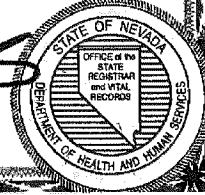


CERTIFIED COPY OF VITAL RECORDS

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**

STATE REGISTRAR



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