

APN# : 1220-24-701-020

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Michele Laskowski

507 74<sup>th</sup> St.

Houston, TX 77011

**Mail Tax Statements to: (deeds only)**

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Michele Laskowski, of legal age, being first duly sworn, deposes and says:

1. Barbara Patricia Grabski, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Barbara Grabski named as Trustee in the Declaration of Trust dated 5/24/2005 and executed by Barbara Grabski as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1896 Palomino Lane Gardnerville, NV 89410, which property is described in a Deed which was executed by Barbara P. Grabski as Grantor(s) on May 24, 2005 and recorded as Instrument No. 0645211, in Book 0505, Page 11206, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:  
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:  
  
All that piece of parcel of land situate in Douglas County, Nevada, being a portion of the Northwest 1/4 of the Southeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., described as follows:  
  
Parcel 1 as shown on parcel Map for Millard Realty and Construction Co., according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 24, 1984, in Book 1084, Page 2531, as File No. 109110.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated

9/4/18

Michele Laskowski

Michele Laskowski

STATE OF NEVADA

}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on  
September 4, 2018 By Michele Laskowski.

Sherry Ackermann

Notary Public



SHERRY ACKERMANN  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 05-98319-5- Expires April 26, 2021

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

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

CASE FILE NO. 4029498

**CERTIFICATE OF DEATH**

2018013602  
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) <b>Barbara Patricia GRABSKI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 01, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>1896 Palomino Lane</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>73</b>	
7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 09, 1944</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-1954</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Titles &amp; Production</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Department Of Motor Vehicles</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1896 Palomino Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William George SMALL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara Ester LEIBINGER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Michele LASKOWSKI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>507 74th Street Houston, Texas 77011</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION - City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>	
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>GRANT P ANDERSON MD</b> SIGNATURE AUTHENTICATED			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) <b>July 16, 2018</b>		21c. HOUR OF DEATH <b>12:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Grant P Anderson MD, 5345 Reno Corporate Dr Reno, NV 89511</b>				23b. LICENSE NUMBER <b>3156</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 16, 2018</b>		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) <b>Metastatic Breast Cancer</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Unknown Etiology</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HOM., UNDET. 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

000726872



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: **7/19/2018**

*Julie Katchear*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

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

