

**APN:** 1121-35-002-042

**R.P.T.T.:** \$0.00

**Recording Requested By:**

Robert G. Polansky  
931 Cavelti Road  
Gardnerville, Nevada 89410

**After Recording Mail To:**

Robert G. Polansky  
931 Cavelti Road  
Gardnerville, Nevada 89410

**Send Subsequent Tax Bills To:**

Robert G. Polansky  
931 Cavelti Road  
Gardnerville, Nevada 89410 (1)

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

65082752-4766314

TITLE OF DOCUMENT

3416058139

I/We, **Robert G. Polansky**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **March 20, 1985**, **Robert G. Polansky and Dolores M. Polansky** executed the **Polansky Revocable Living Trust**.
2. Said trust appointed me/us to serve as Surviving Trustee(s) upon the death or incapacity of **Dolores M. Polansky**.
3. **Dolores Marie Polansky** died on **March 31, 2018** at **Gardnerville, Nevada**, a resident of **Douglas County, Nevada** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Dolores M. Polansky**.
4. Pursuant to the terms of the Trust, I/We have assumed the responsibilities of Surviving Trustee(s).
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **931 Cavelti Road, Gardnerville, Nevada 89410**

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **July 2, 2013**, as Document No. **0826542** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Robert G. Polansky** as Surviving Trustee(s).

I, **Robert G. Polansky**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

*Robert G. Polansky*  
\_\_\_\_\_  
**Robert G. Polansky**

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Title

(Attached to and becoming a part of Affidavit of Successor Trustee dated:  
11/24/2018 for **Dolores Marie Polansky**.)

DATED this 24 day of November, 2018.

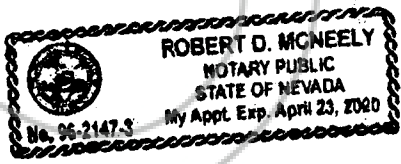
Robert G. Polansky, Surviving Trustee  
Robert G. Polansky, Surviving Trustee

STATE OF NEVADA )  
                  DOUGLAS ) ss  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN before me this 24 day of NOVEMBER, 2018, by  
**Robert G. Polansky, Surviving Trustee.**

NOTARY STAMP/SEAL

Robert D. McNeely  
Notary Public  
NOTARY PUBLIC  
Title and Rank  
My Commission Expires: 4/23/2020



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

LAND SITUATED IN THE COUNTY OF DOUGLAS IN THE STATE OF NV

A PORTION OF PARCEL D OF PARCEL MAP FOR DON E. AND GAIL A. MEIER, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON MAY 9, 1978, FILE NO. 20506, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF PARCEL D-1, SPRING VALLEY PARCEL MAP, FILED IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY ON AUGUST 16, 1988 AS DOCUMENT NO. 184377;

THENCE NORTH 89 DEGREES 57 MINUTES 01 SECOND WEST 327.48 FEET;

THENCE SOUTH 89 DEGREES 56 MINUTES 51 SECONDS WEST 333.12 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION;

THENCE SOUTH 89 DEGREES 56 MINUTES 51 SECONDS WEST 996.23 FEET;

THENCE NORTH 00 DEGREE 19 MINUTES 48 SECONDS WEST 663.21 FEET;

THENCE NORTH 89 DEGREES 57 MINUTES 53 SECONDS EAST 998.68 FEET;

THENCE SOUTH 00 DEGREE 07 MINUTES 06 SECONDS EAST 662.90 FEET TO THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION.

THE ABOVE DESCRIBED LAND IS ALSO DEPICTED AS PARCEL D-5 ON THE RECORD OF SURVEY FILED JUNE 20, 2000, FILE NO. 494446.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **July 2, 2013**, as Document No. **0826542** in Douglas County Records, Douglas County, Nevada.

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

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

CASE FILE NO. 4012547

**CERTIFICATE OF DEATH**

**2018006726**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK.

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Dolores Marie POLANSKY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 31, 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 an <b>931 Cavelti Rd</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4 SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday <b>79</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1938</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</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>Robert Gerald POLANSKY</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2711</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Coordinator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Credit Union</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>931 Cavelti Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Frank MINARIK</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mildred Agnes KRCMARIK</b>	
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) <b>Robert POLANSKY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>931 Cavelti Rd Gardnerville, Nevada 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>	
19c. LOCATION City or Town State <b>Minden Nevada 89423</b>			

TRADE CALL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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CERTIFIER

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>MATTHEW R SCHLANGER</b>		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) <b>MATTHEW R SCHLANGER</b>	
21b. DATE SIGNED (Mo/Day/Yr) <b>April 06, 2018</b>		21c. HOUR OF DEATH <b>14:15</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>April 06, 2018</b>	
		22c. HOUR OF DEATH <b>14:15</b>	
22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 31, 2018</b>		22e. PRONOUNCED DEAD AT (Hour) <b>14:15</b>	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Matthew R Schlanger 1038 Buckeye Rd Minden, NV 89423</b>		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>PALOMA VACA</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 06, 2018</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			

CAUSE OF  
DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death	
(a) <b>Diastolic Congestive Heart Failure</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Hypertensive Cardiovascular Disease</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b></b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) <b></b>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Diabetes Mellitus; Hypercholesterolemia; Obesity</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

000715764



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: APR 10 2018

*Julie Katchear*  
STATE REGISTRAR

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

