

STATE OF Nevada
COUNTY Douglas

**AFFIDAVIT OF SURVIVING SPOUSE
OR JOINT SURVIVOR**

Donald S. Galkowski, being first duly sworn,
deposes and says as follows:

- 1) That Donald S. Galkowski and Carolyn M. Galkowski are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.
- 2) That the property is known as 676 Ann Way, Gardnerville Street and City
Douglas County, State of Nevada and also known as Permanent Parcel Number 122022410092 on the records of the County Auditor. The original Survivorship Deed is recorded in the records of the Douglas County Recorder in Volume 112 Page 3856.

I have included the descriptive information requested below and have attached a full legal description as an attachment hereto.

“SEE EXHIBIT “A” ATTACHED”

- 3) That Carolyn M. Galkowski died on or about 12/30/2013 at Carson Tahoe Regional Medical Center.

4) That by virtue of the death of the party listed in Item #3 above, Donald S. Galkowski is the fee simple owner of the above described property and requests that this fact be reflected on the land and tax records of the county.

x [Signature]
Witness

[Signature]
Affiant

Witness

Affiant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada

County of Douglas

Subscribed and sworn to (or affirmed) before me on this 23 day of July, 2018, by Donald S. Galkowski, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Kristen Renee Tuell

Seal



EXHIBIT A

SITUATED IN THE COUNTY OF DOUGLAS AND STATE OF NEVADA:

LOT 861, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

BEING ALL OF THAT CERTAIN PROPERTY CONVEYED TO DONALD S. GALKOWSKI AND CAROLYN M. GALKOWSKI, HUSBAND AND WIFE AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP FROM DONALD S. GALKOWSKI AND CAROLYN M. GALKOWSKI, HUSBAND AND WIFE BY DEED DATED 08/06/08 AND RECORDED 08/06/08 IN BOOK 0808, PAGE 984 IN THE LAND RECORDS OF DOUGLAS COUNTY, NEVADA.

PPN: 122022410092
DONALD S. GALKOWSKI AND CAROLYN M. GALKOWSKI, HUSBAND AND WIFE AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP

676 ANN WAY, GARDNERVILLE NV 89460
Loan Reference Number : CLOS_795615_636655372445135059
First American Order No: 54125847
Identifier:



When Recorded, Return to:
First American Title Insurance Company
4 First American Way
Santa Ana, CA 92707

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2013021535
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Carolyn M GALKOWSKI		2. DATE OF DEATH (Mo/Day/Year) December 30, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 15, 1937		9a. STATE OF BIRTH (if not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donald GALKOWSKI	
13. SOCIAL SECURITY NUMBER 8918		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Waitress		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 676 Ann Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Franklin J LEMMA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nelle KOBERA		
18a. INFORMANT- NAME (Type or Print) Donald GALKOWSKI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 676 Ann Way Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. TRADE CALL - NAME AND ADDRESS					
21a. To be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG STEVEN RAU MD SIGNATURE AUTHENTICATED			21b. DATE SIGNED (Mo/Day/Yr) January 06, 2014		
21c. HOUR OF DEATH 21:00			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Maiya, Vijay		
22a. To be Completed by CORONER'S OFFICE 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) CRAIG STEVEN RAU MD 1600 Medical Parkway Carson City, NV 89703		
23b. LICENSE NUMBER 10991			24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2014			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) Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Cor Pulmonale				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF: (d) Cause Otherwise Unknown				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.					
26a. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

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: **01/09/2014**

Rud. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

