

APN# 1220-20-001-035

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: DOLORES L. ZUKOSKI

Address: 275 NEIGHBORHOOD WAY #223

City/State/Zip: SPARKS NV 89441

AFFIDAVIT DEATH OF TRUSTEE

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Dolores L. Zukoski

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-20-001-035**

File No.: 143-2584302 (mk)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Dolores L. Zukoski** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Raymond Thomas Zukoski** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 30, 2019** at **Sparks, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 23, 2007** executed by **Raymond T. Zukoski, Jr and Dolores L. Zukoski** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain and Sale Deed** dated **January 23, 2007** which was recorded as Instrument No. **0694386** in Book **0207**, Page **01292**, of Official Records of **DOUGLAS COUNTY** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 2/20/2020

**DECLARANT:**

*Dolores L. Zukoski*  
Dolores L. Zukoski

State of NV )  
 )ss  
County of DOUGLAS )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 23rd day of March, 20 20 by Dolores L. Zukoski, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature *Mary Kelsh*

My Commission Expires: 11-4-22

*This area for official notarial seal*



Notary Name: Marykelsh Notary Phone: 775-782-5411  
Notary Registration Number: 98495675 County of Principal Place of Business Minden

**EXHIBIT 'A'**

**LOT 7, BLOCK B, OF MARRON ESTATES, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON SEPTEMBER 9, 1980, IN BOOK 980, PAGE 682, AS DOCUMENT NO. 48330.**

COPY

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

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4080158

**CERTIFICATE OF DEATH**

**2019008793**  
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>Raymond Thomas ZUKOSKI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 30, 2019</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Sparks</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>7285 Patrina Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Family Member's Home</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>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 22, 1932</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Dolores ANSILIO</b>	
13. SOCIAL SECURITY NUMBER <b>-7955</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Inspector</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Power Company</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>1108 Kimmerling Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Raymond ZUKOSKI</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Beatrice ZENTS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Dolores L ZUKOSKI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1108 Kimmerling Road Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada 89511</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD T HEARN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD228</b>		20c. NAME AND ADDRESS OF FACILITY <b>La Paloma Reno</b> <b>5301 Longley Lane Suite E-180 Reno NV 89511</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>KAREN S McDERMOTT MD</b> <b>SIGNATURE AUTHENTICATED</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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>May 03, 2019</b>		21c. HOUR OF DEATH <b>10:51</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Karen S McDermott MD 1625 E Prater Way Sparks, NV 89434</b>				23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 03, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Prostate Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Interval between onset and death Interval between onset and death 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.				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	

**000340322 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.

DEPUTY REGISTRAR

*Signature Authenticated*

DATE ISSUED: **5/6/2019** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

