

APN# 1221-15-000-002

Recording Requested by/Mail to:

Name: Debra A. Potosky

Address: 2626 Bluebird Way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Debra A. Potosky

Address: 2626 Bluebird Way

City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

Affidavit of 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

Debra A. Potosky

Printed Name

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

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

Recording requested by:  
Debra Potosky  
2626 Bluebird Way  
Gardnerville, NV 89410

And when recorded, mail to:  
Debra Potosky  
2626 Bluebird Way  
Gardnerville, NV 89410

APN: 1221-15-000-002

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
 ) ss.  
County of Douglas )

Debra A. Potosky, of legal age, being first duly sworn, deposes and says:

1. John Carl Potosky, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John C. Potosky named as Trustee in the Declaration of Trust executed by John C. Potosky and Debra A. Potosky as Settlers and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 2626 Bluebird Way, Gardnerville, NV, which property is described in a Deed which was executed by John C. Potosky and Debra A. Potosky as Grantors on September 7, 2011, and recorded as Document No. 0789215, in Book 0911, Page 1114, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Parcel 2 as set forth on Parcel Map 8 for STODDARD JACOBSEN, being a portion of the Northwest ¼ of Section 15, Township 12 North, Range 21 East, M.D.B.&M., filed for record September 23, 1977, in Book 977 Page 1368, Document No. 13277, Official Records of Douglas County, State of Nevada.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

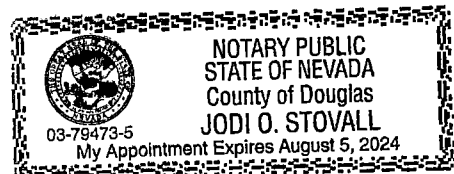
Dated Nov. 25, 2020

Debra A. Potosky  
Debra A. Potosky

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 25 day of November, 2020, by Debra A. Potosky, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall



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

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

CASE FILE NO. 4007537

**CERTIFICATE OF DEATH**

**2018004664**  
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)<br><b>John Carl POTOSKY</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>March 06, 2018</b>  |  | 3a. COUNTY OF DEATH<br><b>Carson City</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city)<br><b>Evergreen at CC Health and Rehab Ctr</b>  |  | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Nursing Home</b>                                   |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |  |
| 7a. AGE-Last birthday (Years)<br><b>68</b>   |  | 7b. UNDER 1 YEAR<br>MOS    DAYS  |  | 7c. UNDER 1 DAY<br>HOURS    MINS  |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>January 09, 1950</b>  |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Ohio</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>22</b>   |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Debra HINGER</b>                                      |  |
| 13. SOCIAL SECURITY NUMBER<br><b>██████████-7067</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)  |  | 14b. KIND OF BUSINESS OR INDUSTRY   |  |
| <b>Electical Engineer</b>  |  | <b>Consulting</b>  |  | Ever in US Armed Forces? <b>No</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d. STREET AND NUMBER<br><b>2626 Bluebird Way</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>George John POTOSKY</b>   |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Mary Ann KOSKA</b>   |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Debra POTOSKY</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>2626 Bluebird Way Gardnerville, Nevada 89410</b> |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Autumn Cremation Services</b>  |  | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89701</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JOHN LAWRENCE</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD304</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Autumn Funerals &amp; Cremations</b><br><b>1575 N Lompa Ln Carson City NV 89701</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)<br><b>REED DOFF MD</b><br>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)<br><b>March 09, 2018</b>  |  | 21c. HOUR OF DEATH<br><b>02:13</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)  |  |
| 22e. PRONOUNCED DEAD AT (Hour)   |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b> |  |   |  |
| 23b. LICENSE NUMBER<br><b>13920</b>  |  | 24a. REGISTRAR (Signature)<br><b>MELISSA KNIGHT</b><br>SIGNATURE AUTHENTICATED   |  |   |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>March 12, 2018</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I<br>(a) <b>Terminal Complications Of Malignant, Metastatic Lung Adenocarcinoma</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(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.<br><b>Diabetes, Atherosclerotic Heart Disease</b>   |  |  |  | 26. AUTOPSY (Specify Yes or No)   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><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



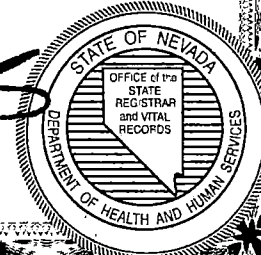
CERTIFIED COPY OF VITAL RECORDS

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 12 2018**

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

*[Signature]*  
STATE REGISTRAR



VRS-Rev-20120523a