



KAREN ELLISON, RECORDER

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Return document to:
Kathleen Wolski
PO Box 11715
Zephyr Cove, NV 89448

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Kathleen Wolski
PO Box 11715
Zephyr Cove, NV 89448

STATE OF Nevada
COUNTY OF Douglas

AFFIDAVIT OF DEATH OF JOINT TENANT
Under NRS 111.365

THE AFFIANT, Kathleen Wolski, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Karl A. Wolski, the decedent mentioned in the attached certified Certificate of Death, who died March 25, 2020 in Carson City, Nevada, is the same person as Karl Wolski

3. That the affiant and the decedent were both grantees in that certain Grant, Sale + Bargain deed dated 5/3/07, recorded 5/3/07, 2007, as document or file number 0700379, book 0567, at page 1134, records of Douglas County, Nevada, and executed by the grantor, Karl Wolski

to the grantee(s), Karl Wolski + Kathleen Wolski - Trustees of the Wolski Revocable Trust at 1/10/2004

as joint tenant right of survivorship property in trust, covering the real property commonly known as 1035 Lynn Way, City of Zephyr Cove, County of Douglas, State of Nevada, more

particularly described as: Panel 1 Lot 105 of Skyland subdivision Map Unit. 2 filed in the office of the County Recorder of the County Recorder of Douglas County, State of Nevada, on July 2nd 1959 as File No. 14668

Panel 2 together with a non-exclusive right of way/access to the waters of Lake Tahoe and for Beach and recreational purposes as set forth in Deed to Herin as resumed in the deed form recorded Feb. 5, 1960 in Book 1 of official records at Page 268, Douglas County, Nevada

4. That the relationship between the affiant and the decedent was that of:
Husband and wife

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

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

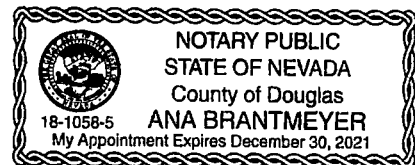
IN WITNESS WHEREOF, I set my hand this 18th day of August, 2021

Krzysztof Wolski
Affiant
Kathleen Wolski
Print name

Construe all terms with the appropriate gender and quantity required by the sense of this instrument.

Subscribed and sworn to on this 18th day of August, in the year 2021, before me, Ana Brantmeyer,
by Kathleen S. Wolski

Ana Brantmeyer
Notary Public
Ana Brantmeyer
Print name
My commission expires: 12/30/21

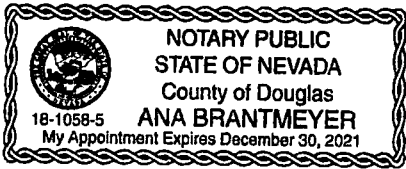


STATE OF NEVADA

COUNTY/CITY OF Douglas

The foregoing instrument was acknowledged before me this 8/18/21

by Kathleen D. Wolski ***



Ana Brantmeyer
Notary signature

Ana Brantmeyer
Print name

My commission expires: 12/30/21

This certificate is attached to a _____

dated _____

Document information: _____

Statutory Short Form of Acknowledgment in an Individual Capacity

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4136488

2020006238
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Karl A WOLSKI		2. DATE OF DEATH (Mo/Day/Year) March 25, 2020		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 city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 52	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathleen NORMAXE			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2058		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Technology	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
DISPOSITION	15d. STREET AND NUMBER 1035 Lynn Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ronald WOLSKI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Beverly FABER		18a. INFORMANT - NAME (Type or Print) Kathleen WOLSKI			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 11715 Zephyr Cove, Nevada 89448				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DANIEL K LEE MD				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) March 26, 2020		21c. HOUR OF DEATH 10:20		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Daniel K Lee MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 17423	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(a) Cardiopulmonary Collapse		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
(b) Multisystem Organ Failure		Interval between onset and death		28c. HOUR OF INJURY		
(c) Septic Shock Secondary To Pericecal Infection		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
(d) Colon Cancer		Interval between onset and death		28e. INJURY AT WORK (Specify Yes or No)		
PART II) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		STATE		

STATE REGISTRAR

VRS-Rev-20120523a



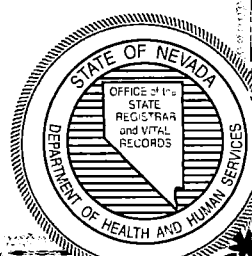
CERTIFIED COPY OF VITAL RECORDS

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:

Blaise Satariano
STATE REGISTRAR

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



(ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE)