

DOUGLAS COUNTY, NV

2022-980726

Rec:\$40.00

\$40.00

Pgs=3

02/03/2022 01:04 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1318-03-211-006

Escrow No.: 21024586-DR

Recording Requested By:  
First Centennial Title Company of Nevada  
896 W Nye Ln, Ste 104  
Carson City, NV 89703

When Recorded Return to:  
First Centennial Title Company of Nevada  
896 W Nye Ln, Ste 104  
Carson City, NV 89703

Mail Tax Statements to:  
**Axel Fuchs and Serena Colah Fuchs**  
1297 Sanderling  
Richmond, CA 94801

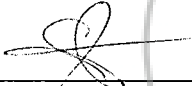
SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT OF DEATH**

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380(1) (state specific law).

  
\_\_\_\_\_  
SIGNATURE

Escrow Asst  
\_\_\_\_\_  
TITLE

Jenn Yancey  
\_\_\_\_\_  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1318-03-211-006  
Escrow No. 21024586-DR

When Recorded Return to:  
Kathleen Wolski, Successor Trustee of The Wolski  
Revocable Trust, dated January 10, 2004  
P.O.Box 11715  
Zephyr Cove, NV 89448

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

Kathleen Wolski, of legal age, being duly sworn, deposes and says

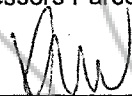
That Karl A. Wolski, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Karl Wolski named as one of the parties in that certain Grant, Bargain, Deed dated 12-15-03 executed by Betty M. Detisch, Trustee of the Betty M. Detisch Revocable Trust dated June 5, 2001 to Karl Wolski and Kathleen Wolski, Trustees of the Wolski Revocable trust dated January 10, 2004 recorded as Instrument No. 0602150, on 1-15-04 in Book 0104 Page 04877 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 105, of Skyland Subdivision, Phase 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on July 22nd, 1959, as Document No. 14668.

Parcel No. 2:

An Easement for access to the waters of Lake Tahoe and for beach and recreational purposes as reserved in the Deed recorded February 5, 1960 in Book 1, page 268, as Document No. 15573, Official Records of Douglas County, Nevada.

Assessors Parcel No.: 1318-03-211-006

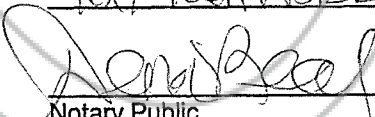
  
\_\_\_\_\_  
Kathleen Wolski, Successor Trustee

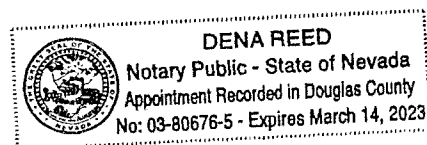
Dated: 1/31/2022

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 31 day of January, 2022, by

Kathleen Wolski  
  
\_\_\_\_\_  
Notary Public



**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

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>Karl A WOLSKI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 25, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street or <b>Carson Tahoe Regional Medical Center</b> inpatient (Specify) <b>Intensive Care Unit (ICU)</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>52</b>	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 08, 1968</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>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kathleen NORMAXE</b>			
13. SOCIAL SECURITY NUMBER <b>-2058</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Business Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Technology</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>1035 Lynn Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ronald WOLSKI</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Beverly FABER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kathleen WOLSKI</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 11715 Zephyr Cove, Nevada 89448</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town, State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
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>DANIEL K LEE MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>March 26, 2020</b>		21c. HOUR OF DEATH <b>10:20</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)					22c. HOUR OF DEATH
22b. DATE SIGNED (Mo/Day/Yr)				22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)				22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Daniel K Lee MD 1600 Medical Parkway Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>17423</b>
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 30, 2020</b>		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) <b>Cardiopulmonary Collapse</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Multisystem Organ Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Septic Shock Secondary To Pericecal Infection</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Colon Cancer</b> 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	

STATE REGISTRAR

VRS-Rev-20120523a

000812512



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:

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

STATE REGISTRAR  
Administrator

