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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1420-29-610-001

Recording Requested By:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

When Recorded Mail to:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

Mail Tax Statement to:)
Alex Polk, Trustee)
1144 Buckbrush Road)
Minden, NV 89423)

AFFIDAVIT OF DEATH OF INCAPACITATED TRUSTEE/GRANTOR

I, ALEXANDER K. POLK, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated January 18, 2007, ALEXANDER K. POLK and MARY LOU POLK, husband and wife, executed the 2007 POLK FAMILY TRUST (hereinafter "Trust").
2. Pursuant to the Trust's terms, Alexander K. Polk and Mary Lou Polk shall serve as the Initial Trustees. If for any reason either of them is unwilling or unable to serve as Trustee the other Grantor shall become the sole Trustee.
3. Mary Lou Polk was declared permanently incapacitated and unable to serve as the Trustee. The Affidavit to that effect was executed on November 13, 2019, and recorded on November 20, 2019, as Document No. 2019-938502.
4. Pursuant to the terms of the trust, specifically Section 4 of Article Three as restated on December 9, 2016, I, ALEXANDER K. POLK, have assumed the responsibilities of sole Trustee.

5. MARY LOU POLK died on April 14, 2022.
6. MARY LOU POLK is the same person as the decedent mentioned in the attached certified copy of Certificate of Death.
7. The following described real property located in the County of Douglas, State of Nevada, is part of the Trust estate:

 Lot 326, in Block E, as shown on the map of SARATOGA SPRINGS ESTATES UNIT 7, (The Final Map #PD99-02-07), in the office of the Douglas County Recorder on August 19, 2003, File No. 587125, Official Records of Douglas County, State of Nevada.

 TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.
8. I am authorized under the terms of the Trust, specifically Section 3 of Article Three as restated on November 21, 2019, and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.
9. No other person has a right to the interest of the Trust in the described property.

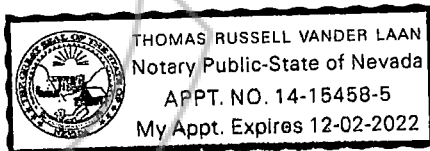
Executed on June 16, 2022, in the county of Douglas, state of Nevada.



 ALEXANDER K. POLK

STATE OF NEVADA)
): ss
 COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this June 16, 2022, by ALEXANDER K. POLK.





 NOTARY PUBLIC

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4278478

CERTIFICATE OF DEATH

2022009603
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) Mary Lou POLK		2. DATE OF DEATH (Mo/Day/Year) April 14, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Stone Valley Memory Care		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1941		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alexander POLK	
13. SOCIAL SECURITY NUMBER [REDACTED]-7238		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of BANKER (Financial Manager)		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b. COJNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1144 Buckbrush Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) William Merton BAKER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Bell SHARP		
18a. INFORMANT - NAME (Type or Print) Alexander POLK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1144 Buckbrush Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) SANSAN CAO MD 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) April 15, 2022		21c. HOUR OF DEATH 10:14		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sansan Cao MD 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER 16898		24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2022		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) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 					Interval between onset and death Years
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) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

000462485 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: **4/18/2022** this copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE