

APN: 1420-07-117-003

When Recorded, Please Return To:

Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Beverly J. Collins
852 Valley Crest Dr.
Carson City, NV 89705



00183055202410094230060067

SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF CO-TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

I, Beverly J. Collins, Co-Trustee of the Beverly Collins & Marian Polichnowski 2003 Trust, Dated June 26, 2003, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 852 Valley Crest Dr., Carson City, Nevada 89705, situated in the State of Nevada, County of Douglas, APN: 1420-07-117-003, more precisely described in **Exhibit A**, attached hereto and incorporated herein, was acquired and held by Marian Artur Polichnowski, Co-Trustee of the Beverly Collins & Marian Polichnowski 2003 Trust, Dated June 26, 2003, by Grant, Bargain and Sale Deed, executed by Marian A. Polichnowski and Beverly J. Collins on January 30, 2009, which deed was thereafter recorded with the Douglas County Recorder on January 30, 2009;

That Marian Artur Polichnowski died on December 8, 2023, as identified in Certificate of Death #2023027158, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That Marian Artur Polichnowski is the same person as Marian A. Polichnowski, Co-Trustee of the Beverly Collins & Marian Polichnowski 2003 Trust, Dated June 26, 2003; and

That Affiant, Beverly J. Collins, is a successor Co-Trustee with Marin A. Polichnowski, a successor Co-Trustee, under the above-referenced Trust, which was in effect at the time of Marian Artur Polichnowski's death, and the Trust has not been revoked.

That the foregoing is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: June 24th, 2024

Beverly J. Collins
Beverly J. Collins, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on the 24th day of June 2024, by Beverly J. Collins.

Brown
Notary Public

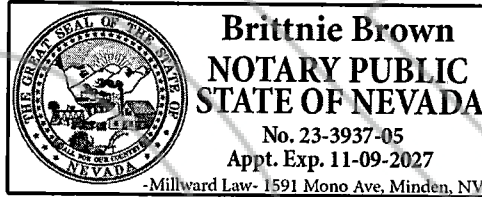


Exhibit A

COPY

Exhibit A

Exhibit "A"

Lot J5, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5, recorded in the office of the Douglas County Recorder, State of Nevada, on September 24, 2001 in Book 901, at Page 5362, as Document No. 523333, Official Records.

APN 1420-07-117-003

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed, recorded on January 30, 2009, as Document Number 0736756)

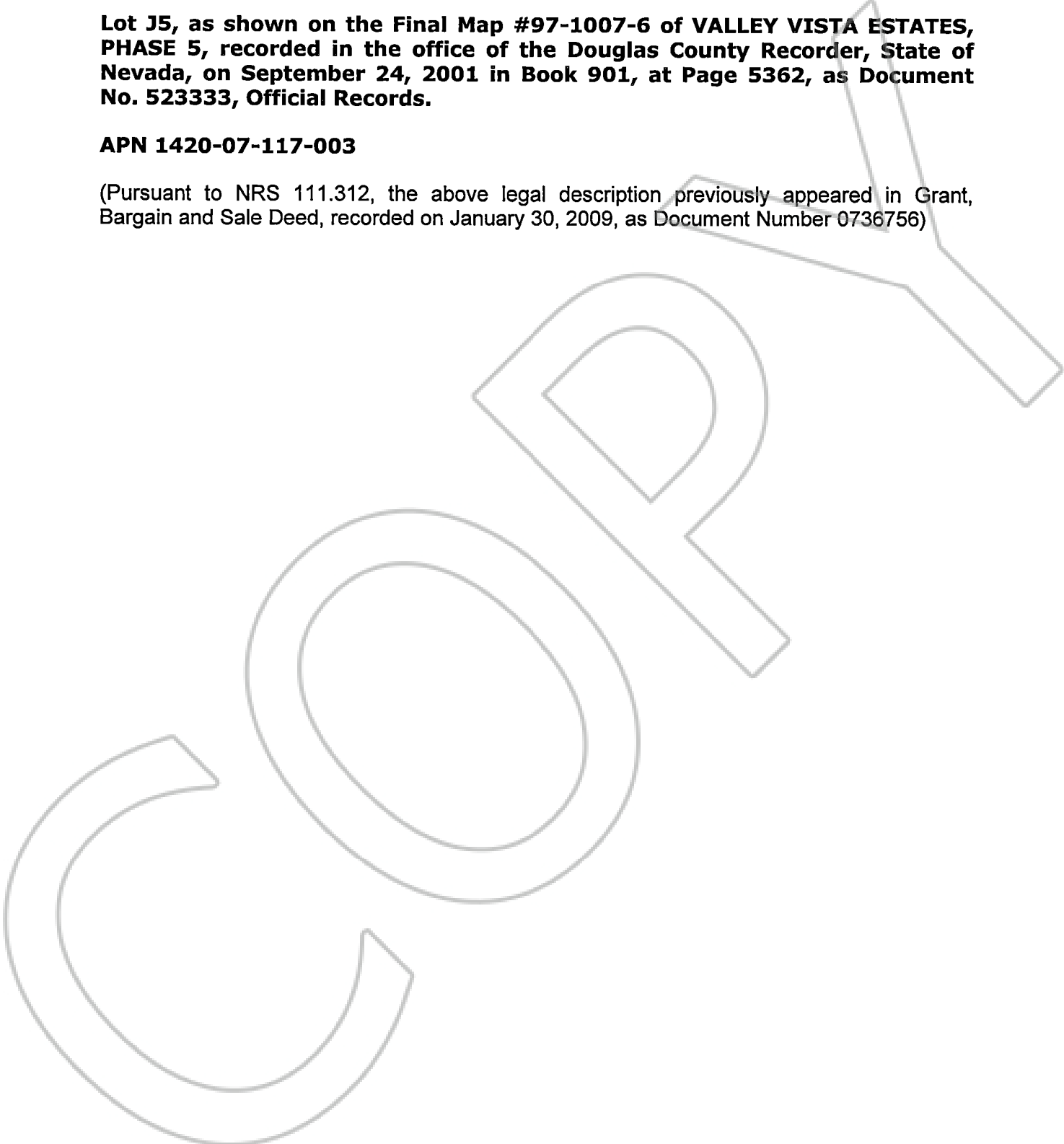


Exhibit B

COPY

Exhibit B

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4385703

CERTIFICATE OF DEATH

2023027158
STATE FILE NUMBER

| | | | | | | |
|--|--|---|---|--|---|--|
| DECEDECENT | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marian Artur POLICHNOWSKI | | 2. DATE OF DEATH (Mo/Day/Year) December 08, 2023 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street ar number) 852 Valley Crest Drive | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home | |
| | 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 73 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) September 07, 1950 | | 9a. STATE OF BIRTH (If not US/CA, name country) Poland | | 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) Beverly Jean COLLINS | |
| | 13. SOCIAL SECURITY NUMBER 826 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Electrician | | 14b. KIND OF BUSINESS OR INDUSTRY Security Alarm Systems | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Carson City | |
| PARENTS | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Witold R POLICHNOWSKI | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wanda Teresa RZEPKA | | |
| | 18a. INFORMANT- NAME (Type or Print) Beverly Jean COLLINS | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 852 Valley Crest Drive Carson City, Nevada 89705 | | |
| DISPOSITION | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO CARPENTER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD872 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society Of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | |
| TRADE CALL | 21. 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) SIGNATURE AUTHENTICATED KELLE L BROGAN 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) | | |
| CERTIFIER | 21b. DATE SIGNED (Mo/Day/Yr) December 13, 2023 | | 21c. HOUR OF DEATH 16:39 | | 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) | |
| REGISTRAR | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 907 Mountain St Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 6000 | |
| | 24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2023 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CAUSE OF DEATH | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I High-Grade, Urothelial Cancer Of The Bladder With Metastasis To Liver And Bone | | | | Interval between onset and death Years | |
| | (a) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| | (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| | (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | 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. Chronic Obstructive Pulmonary Disease, Atherosclerotic Cardiovascular Disease | | | | 26. AUTOPSY (Specify Yes or No) No | | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 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 | | |

AKA: Marian Arthur POLICHNOWSKI



CERTIFIED COPY OF VITAL RECORDS

Cody D. Hines

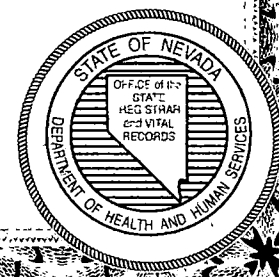
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/19/2023

DATE ISSUED:

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