



APN: 002-018-02 &  
002-043-01

Recording Requested by:  
Nancy A. Gibbons, A Law Corporation

When Recorded Mail to and  
Mail Tax Statement to:  
VANESSA POLGAR SONNE, Trustee  
1224 Wawona Street  
San Francisco, California 94116

The undersigned affirms that this Document does not contain a social security number.

**AFFIDAVIT - DEATH OF TRUSTEE**

State of California )  
) ss.  
County of San Francisco )

VANESSA POLGAR SONNE, of legal age, being first duly sworn, deposes and says:

That ANGELA POLGAR, the decedent mentioned in the attached certified copy of Certificate of Death is the same person who executed that certain Trust Transfer Deed dated January 30, 2013, recorded in Eureka County on February 4, 2013, Document No. 0223775, granting to ANGELA POLGAR, as Trustee of the Polgar Family Living Trust Dated June 24, 1995, A Portion, all those certain lots, pieces, or parcels of land situate, lying and being in the County of Eureka, State of Nevada, commonly known as 559 5<sup>th</sup> Street and 3041 Crescent Avenue and more particularly described as follows:

Lot 13 in Block 20, and Lot 4 in Block 24, as shown on the map of CRESCENT VALLEY RANCH & FARMS, UNIT NO.1, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

EXCEPTING, any and all oil rights, including the right of entry for exploration and production of oil or other hydrocarbons.

RESERVING, THEREFROM, a right of way ten feet in width along all boundaries of lot with right of entry upon, over, under, along, across, and through said right of way for the purpose of erecting, constructing, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone lines, and/or for laying, repairing, operating and renewing, any

pipe line or lines for water, gas or sewerage, and any conduits for electric or telephone wires, and reserving the sole right to convey the rights hereby reserved.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights-of-way of record.

ANGELA POLGAR was the Trustee named in that certain Polgar Family Living Trust Dated June 24, 1995, A Portion, and by reason of her death on February 16, 2013, the Successor Trustee, VANESSA POLGAR SONNE, the affiant herein became and is the sole Trustee of the Trust established under said Declaration of Trust dated June 24, 1995 and has full power and authority to transfer same.

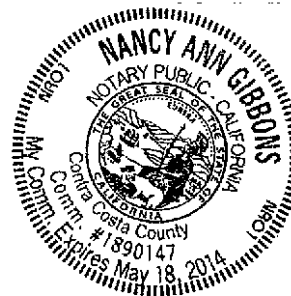
Dated: 13 May 2013  
#3728

Vanessa Polgar Sonne  
VANESSA POLGAR SONNE,  
Trustee of the Polgar Family Living  
Trust Dated 6/24/95, A Portion

State of California            )  
  ) ss.  
County of San Francisco    )

Subscribed and sworn to (or affirmed) before me on the 13<sup>th</sup> day of May, 2013, by VANESSA POLGAR SONNE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Nancy Ann Gibbons  
NANCY ANN GIBBONS



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

3052013036408

**CERTIFICATE OF DEATH**

3201338000853

STATE FILE NUMBER 3052013036408		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (CA 10097, 2008)		LOCAL REGISTRATION NUMBER 3201338000853	
1. NAME OF DECEDENT - FIRST (Given) <b>ANGELA</b>		2. MIDDLE -		3. LAST (Family) <b>POLGAR</b>	
4. AKA - ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) <b>EVANGELIA KAPLANI</b>		4. DATE OF BIRTH <i>mm/dd/yyyy</i> <b>05/17/1931</b>		5. AGE Yrs. <b>81</b>	
6. SEX <b>F</b>		7. DATE OF DEATH <i>mm/dd/yyyy</i> <b>02/17/2013</b>		8. HOUR (24 Hours) <b>2245</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>GREECE</b>		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
12. MARITAL STATUS/SROP* (at Time of Death) <b>WIDOWED</b>		13. EDUCATION - Highest Level/Degree (see work sheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PAVING</b>	
19. YEARS IN OCCUPATION <b>40</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>2186.14TH AVENUE</b>		21. CITY <b>SAN FRANCISCO</b>	
22. COUNTY/PROVINCE <b>SAN FRANCISCO</b>		23. ZIP CODE <b>94116</b>		24. YEARS IN COUNTY <b>52</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>VANESSA SONNE, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1224 WAWONA STREET, SAN FRANCISCO, CA 94116</b>	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>KONSTANTINOS</b>		32. MIDDLE		33. LAST <b>KAPLANIS</b>	
34. BIRTH STATE <b>GREECE</b>		35. NAME OF MOTHER/PARENT - FIRST <b>VENETIA</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>STAVROPOULOS</b>		38. BIRTH STATE <b>GREECE</b>		39. DISPOSITION DATE <i>mm/dd/yyyy</i> <b>02/21/2013</b>	
40. PLACE OF FINAL DISPOSITION <b>RES. VANESSA SONNE 1224 WAWONA STREET, SAN FRANCISCO, CA 94116</b>		41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT <b>BAY AREA CREMATION &amp; FUNERAL SERVICES, INC.</b>		45. LICENSE NUMBER <b>FD1775</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>TOMAS ARAGON, MD, DR.P.H.</b>		47. DATE <i>mm/dd/yyyy</i> <b>02/21/2013</b>		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>SAN FRANCISCO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and Number, or location) <b>2186 14TH AVE.</b>		106. CITY <b>SAN FRANCISCO</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>ALZHEIMER'S DISEASE</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		111. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>	
116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive <b>02/26/2004 02/15/2013</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JEFFREY BEANE M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JEFFREY BEANE M.D. 4131 GEARY BLVD, SAN FRANCISCO, CA 94118</b>		117. LICENSE NUMBER <b>G49203</b>		117. DATE <i>mm/dd/yyyy</i> <b>02/21/2013</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		120. INJURY DATE: <i>mm/dd/yyyy</i>	
121. HOUR (24 Hours)		122. PLACE OF INJURY (e.g.: home, construction site, work area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE <i>mm/dd/yyyy</i>	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE <i>mm/dd/yyyy</i>	
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		131. SIGNATURE OF CORONER / DEPUTY CORONER		132. DATE <i>mm/dd/yyyy</i>	

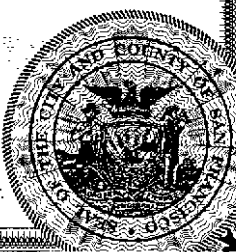
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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.  
 DATE ISSUED **APR 16 2013**



**Tomas Aragon, M.D., Dr.P.H.**  
 Health Officer and Local Registrar



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

3052013036408  
STATE FILE NUMBER

**PHYSICIAN/CORONER'S AMENDMENT**  
NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3201338000853  
LOCAL REGISTRATION NUMBER

1.1

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

**PART I INFORMATION TO LOCATE RECORD**

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ANGELA	1B. MIDDLE	1C. LAST POLGAR	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 02/17/2013	4. CITY OF EVENT SAN FRANCISCO	5. COUNTY OF EVENT SAN FRANCISCO	

**PART II STATEMENT OF CORRECTIONS**

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
7	02/17/2013	02/16/2013
LIST ONE ITEM PER LINE		

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER SV	10. DATE SIGNED—MM/DD/CCYY 02/28/2013	11. TYPE OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER JEFFREY BEANE M.D.	
	12. ADDRESS—STREET and NUMBER 4131 GEARY BLVD.	13. CITY SAN FRANCISCO	14. STATE CA	15. ZIP CODE 94118
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 03/14/2013	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV. 1/08)

\*020101002293040\*

1.1

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0224246



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APR 16 2013

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\*003311945\*

*Tomás Aragón*  
Tomás Aragón, M.D., Dr.P.H.  
Health Officer and Local Registrar

