

42-

OFFICIAL RECORD

Requested By:

TOWNE HANNA & RASNICK CO

Assessor's Parcel Number: 1318-03-212-054

Recording Requested by:

✓ Name: Donald S. Plum, Esq.

Address: 388 S. Main St., Suite 402

City/State/Zip: Akron, OH 44311

Mailing Tax Statements to:

Name: John Fragola

Address: 1015 Red Fir Drive

City/State/Zip: Zephyr Cove, NV 89448

Please complete Affirmation Statement Below:

I the undersigned hereby affirm that this document submitted for Recording does not contain the social security number of any person or persons (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording does contain the social security number of a person or persons as required by law: _____ (state specific law)

Donald S. Plum
Signature (Print name under signature)

Attorney, State of Ohio
Title

Affidavit of Trustee

(Title of Document)

If legal description is a metes & bonds description furnish the Following information:

legal Description obtained from: Deed (Document Title), Book: 1109 Page: 1020

Document # 0753326 recorded 11/14/2009 (date) in the Douglas County Recorders Office.

-OR-

If Surveyor, Please provide name and address:

WHEN RECORDED MAIL TO:

Albert Frangola
c/o Leiby, Hanna, Rasnick
388 S. Main Street, Suite 402
Akron, Ohio 44311

APN 1318-03-212-054

AFFIDAVIT OF TRUSTEE

I, ALBERT FRAGOLA, being duly sworn, hereby state as follows:

1. On May 28, 1992, NUNZIE V. FRAGOLA, as Grantor and Trustee established the "NUNZIE V. FRAGOLA TRUST OF MAY 28, 1992", and subsequently transferred certain real properties to said Trust, which is evidence by a deed recorded in Instrument No. 0753326, of the Official Records of Douglas County, Nevada Recorder. The legal description for such real property is:

Lot 158, as shown on the Map of Skyland Subdivision No. 3, filed of February 24, 1960, as Document 15653, Official Records, Douglas County, Nevada.

APN: 1318-03-212-054

Per NRS 111.312, this legal description was previously recorded on October 19, 1998, as Document 0452060, Official Records.

2. NUNZIE V. FRAGOLA, was the initial Trustee of the subject Trust. NUNZIE V. FRAGOLA passed away on November 5, 2009. The death certificate has been issued and is attached hereto. Pursuant to the terms of the Trust, ALBERT FRAGOLA has become the sole Trustee of the Trust. His taxing mailing address is 894 Chaney Dr., Cuyahoga Falls, OH 44223.

3. As sole Trustee, ALBERT FRAGOLA has the authority and power to buy, sell, pledge, or otherwise convey or encumber real property on behalf of the Trust, and to execute any documents require in connection therewith.

FURTHER AFFIANT SAYETH NAUGHT.

Albert Fragola
ALBERT FRAGOLA

STATE OF OHIO)
)ss:
SUMMIT COUNTY)

On Sept. 30, 2010, before me, the undersigned, a Notary Public in and for said state, personally appeared ALBERT FRAGOLA, personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the above instrument.

I certify under penalty of perjury under the laws of the State of Ohio that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Lauretta J. Fulton
Notary Public

This instrument prepared by:

Donald S. Plum, Esq.

LEIBY HANNA RASNICK
Towne Evanchan Palmisano & Hobson, LLC
388 S. Main Street, Suite 402
Akron, Ohio 44311
(330) 253-2227



LAURETTA J. FULTON, Notary Public
Residence Summit County
Statewide Jurisdiction Ohio
My Commission Expires March 11, 2013

CERTIFICATE OF DEATH

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) NUNZIE V FRAGOLA						2. Sex Male	3. Date of Death (Mo/Day/Year) November 05, 2009
4. Social Security Number 9640	5a. Age (Years) 85	5b. Under 1 Year Months	5c. Under 1 day Days	5d. Under 1 day Hours	5e. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) August 07, 1924	7. Birthplace (City and State or Foreign Country) AKRON, OHIO
8a. Residence State OHIO		8b. County SUMMIT			8c. City or Town STOW		8d. Inside City Limits? Yes
8d. Street and Number 4545 Commadore Drive		8e. Apt. No.		8f. Zipcode 44224		8g. Inside City Limits? Yes	
9. Ever in US Armed Forces? Yes		10. Marital Status at Time of Death Widowed (and not remarried)			11. Surviving Spouse's Name (if wife, give name prior to first marriage)		
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin No		14. Decedent's Race White		
15. Father's Name BIAGGIO PAPALARDO				16. Mother's Name (prior to first marriage) NANCY SCAFITI			
17a. Informant's Name ALBERT FRAGOLA			17b. Relationship to Decedent Brother		17c. Mailing Address (Street and Number, City, State, Zip Code) 894 Chaney Drive CUYAHOGA FALLS, OHIO 44223		
18a. Place of Death Decedent's Home		18b. Facility Name (if not institution, give street & number) 4545 Commadore Drive		18c. City or Town, State and Zip Code STOW, OH 44224		18d. County of Death SUMMIT	
19. Signature of Funeral Service Licensee or Other Agent <i>Gene Nixon</i>			20. License Number (of licensee) 005617		21. Name and Complete Address of Funeral Facility CIRIELLO AND CARR FUNERAL HOMES 810 PORTAGE TRAIL CUYAHOGA FALLS, OH 44221		
22a. Method of Disposition Burial			22b. Date of Disposition November 10, 2009		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Northlawn Memorial Park		
22d. Location (City/Town and State) PENINSULA, OH			22e. Location (City/Town and State) CUYAHOGA FALLS, OH 44221				
23. Registrar's Signature <i>Gene Nixon</i>			24. Date Filed 11-12-09		25a. Name of Person Issuing Burial Permit NIXON, GENE		
25b. District No. 7700			25c. Date Burial Permit Issued November 6, 2009		26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner 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) and manner stated.		
26b. Time of Death 11:30 A.M.		26c. Date Pronounced Dead (Mo/Day/Year) 11-5-2009		26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier <i>Gene Nixon</i>			26f. License number 35.037941		26g. Date Signed 11/10/09		
27. Name (Last, First Middle) and Address of Person who Completed Cause of Death MELI, JOSEPH JESSE, 3600 W Market Street AKRON, OH 44333							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)		Ventricular Arrhythmia					Approximate Interval Between Onset and Death 5 minutes
Sequentially list conditions, if any, leading to immediate cause.		Congestive Heart Failure					5-10 years
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		32a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable		32c. Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)				33f. Describe How Injury Occurred:			
				33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:			

HEA 2724 Rev. 01/07

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

SP 1710071108

Gene Nixon, LOCAL REGISTRAR OFFICE OF VITAL STATISTICS WITNESS MY SIGNATURE & SEAL

BK-1010 PG-3060 0772281 Page: 4 OF 4 10/15/2010