



CERTIFICATE OF INCUMBENCY

Whereas, Sam A. Lugonja was the Trustee under that certain Trust entitled Lugonja Family Trust dated March 10, 1992, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded July 20, 1999 in Book 0799, as Document No. 472873, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Sam A. Lugonja is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Leslie Patton, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

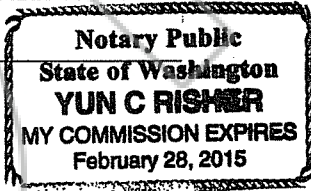
SUCCESSOR TRUSTEE:

By: *Leslie Patton*
Leslie Patton

State of Nevada
WASHINGTON } ss
County of *Pierce* }

This instrument was acknowledged before me on *3/31/2011*
by: Leslie Patton

Signature: *Yun C Risher*
Notary Public



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2006005742
STATE FILE NUMBER

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 Sam			1b. MIDDLE A		1c. LAST LUGONJA		2. DATE OF DEATH (Mo/Day/Year) March 10, 2006		3a. COUNTY OF DEATH Carson City			
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male				
5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1918		
9a. STATE OF BIRTH (If not U.S.A., name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lois ROWE				
13. SOCIAL SECURITY NUMBER [REDACTED] 8321			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teacher/coach				14b. KIND OF BUSINESS OR INDUSTRY Education					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline		15d. STREET AND NUMBER 140 Cypress Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No				
16. FATHER - NAME (First Middle Last Suffix) Acim LUGONJA						17. MOTHER - NAME (First Middle Last Suffix) Mila BIJELICH						
18a. INFORMANT - NAME (Type or Print) Lois LUGONJA				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 6603 Stateline, Nevada 89449								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory				19c. LOCATION City or Town State Carson City Nevada 89706				
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703						
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) JOSE AGUIRRE 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) March 14, 2006			21c. HOUR OF DEATH 07:50			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JOSE AGUIRRE MD 1600 Medical Parkway Carson City, NV 89703									23b. LICENSE NUMBER 11479			
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 14, 2006		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):)									Interval between onset and death			
PART (a) Sepsis									Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death			
(b) Renal failure									Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death			
(c)									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) 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		

STATE REGISTRAR



BK-411
PG-1374

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VRS-Rev-E2u

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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:

JUL 21 2009

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

PBNC0 (Rev) 11/06

Rd White
STATE REGISTRAR

