

APN# : 1220-22-410-046

**Recording Requested By:**

Western Title Company, Inc.

**Escrow No.:** 069506-ARJ

**When Recorded Mail To:**

Anna Marie Crider

12757 Via La Gardenia

Poway, CA

92064



KAREN ELLISON, RECORDER

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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

Signature \_\_\_\_\_

Anu Jansse

Escrow Officer

**Affidavit-Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

APN: 1220-22-410-046

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Anna Marie Crider

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF California ) SS.  
COUNTY OF San Diego

Anna Marie Crider, Successor Trustee, of legal age, being first duly sworn, deposes and says:

Andrew J. Maccagno is the decedent mentioned in the attached certified copy of Certificate of Death, as Andrew J. Maccagno is the same person named as Trustee in that certain Declaration of Trust, executed by Andrew J. Maccagno and Frances C. Maccagno, Trustees of The Andrew J. Maccagno and Frances C. Maccagno Family Trust Dated March 31, 1994.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Andrew J. Maccagno and Frances C. Maccagno, Husband and Wife as Joint Tenants, Grantor, Grants to Andrew J. Maccagno and Frances C. Maccagno, Trustees of The Andrew J. Maccagno and Frances C. Maccagno Family Trust Dated March 31, 1994, Grantee recorded on November 5, 2001, as Book 1101, at Page 0972 of Instrument No. 0526969 in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached hereto and made a part hereof.

Assessor's Parcel Number(s):  
1220-22-410-046

Commonly known as: 1425 Patricia Drive Gardnerville, NV 89460

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 3/18/15

The Andrew J. Maccagno and Frances C. Maccagno Family Trust Dated March 31, 1994

Anna Marie Crider

Anna Marie Crider, Successor Trustee

STATE OF California  
COUNTY OF SAN DIEGO

Subscribed and sworn to (or affirmed) before me on this 18<sup>th</sup> day of March, 2015 by Anna Marie Crider, Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature J Sig  
Notary public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2013019983**  
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, MIDDLE, LAST, SUFFIX)<br><b>Andrew Joseph MACCAGNO II</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>December 04, 2013</b>  |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number)<br><b>1425 Patricia Dr.</b>              |  | 3e. If Hosp. or Inst. Indicate DOA OP/ Emer. Rm. Inpatient (Specify)<br><b>Home</b>  |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE<br><b>White</b>   |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>  |  |
| 7a. AGE - Last birthday (Years)<br><b>83</b>   |  | 7b. UNDER 1 YEAR<br><b>MOS   DAYS</b>   |  | 7c. UNDER 1 DAY<br><b>HOURS   MINS</b>   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>May 05, 1930</b>  |  | 9a. STATE OF BIRTH (if not U.S.A., name country)<br><b>California</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
| 10. EDUCATION<br><b>12</b>   |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE (if wife, give maiden name)   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>4607</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br><b>Butcher/meat Cutter</b> |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Wholesale</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>   |  |
| 15d. STREET AND NUMBER<br><b>1425 Patricia Dr.</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  | 15f. Ever in US Armed Forces? <b>Yes</b>   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Andrew Joseph MACCAGNO SR</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Mary CASANAEVE</b>   |  |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Andy MACCAGNO</b>  |  |   | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br><b>1425 Patricia Dr. Gardnerville, Nevada 89460</b> |  |  |
| 19a. BURIAL - CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Golden Gate National Cemetery</b>   |  | 19c. LOCATION - City or Town State<br><b>San Francisco California</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOESTLER</b>   |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>823</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations<br/>1521 Church Street Gardnerville, NV 89410</b>   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.</b> |  |   |  |  |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>December 11, 2013</b>   |  | 21c. HOUR OF DEATH<br><b>11:58</b>  |  |  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |   |  |  |  |
| 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)                |  |   |  | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| 22c. HOUR OF DEATH   |  |   |  | 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)<br><b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b> |  |
| 23b. LICENSE NUMBER<br><b>9114</b>   |  |   |  | 24a. REGISTRAR (Signature)<br><b>NICOLE SHORE</b>  |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>December 11, 2013</b>  |  |   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br><b>Acute Leukemia</b>  |  |   |  |  |  |
| PART I (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   |  |   |  |  |  |
| (d) 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 I.   |  |   |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  |   |  | 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

Information Corrected, State Affidavit # 59574, 01/23/2014 - 19a

3745645

VRS-Rev-20120523a

517492

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.

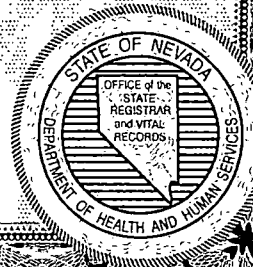
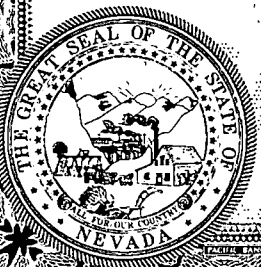
DATE ISSUED:

02/05/2014

*R. J. Whelan*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**EXHIBIT "A"**

**All that certain real property situate in the County of Douglas, State of Nevada,  
described as follows:**

**Lot 795, of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof,  
filed in the office of the County Recorder of Douglas County, State of Nevada, on March  
27, 1974, in Book 374, Page 676, as File No. 72456.**

**Assessor's Parcel Number(s):  
1220-22-410-046**

