

APN# : 1220-22-410-046

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 069506-ARJ



KAREN ELLISON, RECORDER

When Recorded Mail To:
Anna Marie Crider
12757 Via La Gardenia
Poway, CA
92064

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)
COUNTY OF San Diego) SS.

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

Frances C. Maccagno is the decedent mentioned in the attached certified copy of Certificate of Death, as Frances C. 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 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. Sigmon
Notary public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013005781

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEASED IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS POSITION 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) Frances C. MACCAGNO	2. DATE OF DEATH (Mo/Day/Year) April 02, 2013	3a. COUNTY OF DEATH Douglas			
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville	3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1425 Patricia Dr.	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	4. SEX/ Female		
	5. RACE (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1931
	9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Andrew MACCAGNO	
	13. SOCIAL SECURITY NUMBER 8902	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker	14b. KIND OF BUSINESS OR INDUSTRY Own Home	Ever in US Armed Forces? No		
	15a. RESIDENCE-STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1425 Patricia Dr.	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT-NAME (First Middle Last Suffix) Martin RADO			17. MOTHER/PARENT-NAME (First Middle Last Suffix) Mary DEROKO		
	18a. INFORMANT-NAME (Type or Print) Andrew MACCAGNO			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town; State; Zip) 1425 Patricia Dr. Gardnerville, Nevada 89460		
	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 (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
	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) NITA SCHWARTZ M.D. 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) April 09, 2013	21c. HOUR OF DEATH 20:25	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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 2013	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).) PART I					
	(a) Cardiopulmonary Arrest			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of the Bladder, Metastatic			Interval between onset and death		
	(b)			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(c)			Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(d)			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) 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	

STATE REGISTRAR

370640

479764

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:

04/10/2013


 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

VRS-Rev-20120523a

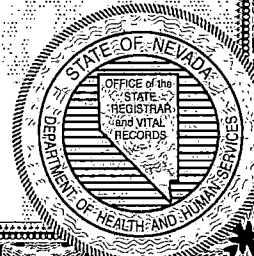


EXHIBIT "A"

**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**

