

APN# 1220-21-710-108

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2550021

Affidavit - Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 111.312

(State specific law)

Natalie Frey - EO
Signature **Title**

Natalie Frey
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Synthia Cucchiara

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-21-710-108

File No.: 143-2550021 (NF)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Synthia Cucchiara ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Fred C. Boggs** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **03/16/2018** at **San Jose, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **September 24, 1992** executed by **Fred C. Boggs** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **September 24, 1992** which was recorded as Instrument No. **290714** in Book **1092**, Page **2258**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: September 6, 2018

DECLARANT:

Synthia Cucchiara
Synthia Cucchiara

State of _____)
)ss
County of _____)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: _____

Notary Name: _____ Notary Phone: _____

Notary Registration Number: _____ County of Principal Place of Business _____

see attached

Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me this 6 day of Sept., 2018 by
Synthia Cucchiara

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Rose Shea
Signature



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit-Death of
(Title or description of attached document)

Trustee
(Title or description of attached document continued)

Number of Pages 2 Document Date 9-6-18

(additional information)

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201843002716

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
FRED		CHARLES	
3. LAST (Family)		BOGGS	
<small>USE BLACK INK ONLY / NO STRIKES, RETOUCHES OR ALTERATIONS / 15-1 (REV. 7/2008)</small>			
<small>AKA, ALIAS KNOWN AS - Include AKA (FIRST, MIDDLE, LAST)</small>			
4. DATE OF BIRTH		5. AGE Yrs.	6. UNDER ONE YEAR
07/20/1925		92	7. UNDER 24 HOURS
8. BIRTH STATE/FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER	10. SEX
CA		-1718	M
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS/POSP at Time of Death	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Level		7. DATE OF DEATH	
ASSOCIATE		03/16/2018	
14. U.S. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1125	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DECEDENT'S RACE	
		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. NAFO OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
CARGO WORKER		AIRLINES	
19. YEARS IN OCCUPATION		21	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
1454 LESHER COURT			
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE
SAN JOSE		SANTA CLARA	95125
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
92		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
SYNTHIA CUCCHIARA, DPOA		1460 GLENWOOD AVENUE, SAN JOSE, CA 95125	
28. NAME OF SURVIVING SPOUSE/POSP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)
-		-	-
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	33. LAST
FRED		-	BOGGS
34. BIRTH STATE		CA	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	37. LAST (BIRTH NAME)
HELEN		-	DALEY
38. BIRTH STATE		CA	
38. DISPOSITION DATE		39. PLACE OF FINAL DISPOSITION	
03/27/2018		OAK HILL MEMORIAL PARK	
40. TYPE OF DISPOSITION		41. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER	44. SIGNATURE OF LOCAL REGISTRAR
OAK HILL FUNERAL HOME & MEMORIAL PARK		FD 991	SARA H CODY, MD
45. DATE		46. DATE	
03/27/2018		03/27/2018	
101. PLACE OF DEATH			
OWN RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> IP <input type="checkbox"/> EP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other			
104. COUNTY		105. CITY	
SANTA CLARA		SAN JOSE	
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		107. CAUSE OF DEATH	
1454 LESHER COURT		COLON CANCER	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. DEATH REPORTED TO CORONER?	
COLON CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. CAUSE OF DEATH (Specify ICD-10 code)		111. DEATH REPORTED TO CORONER?	
MOS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
HYPERTENSION, ATRIAL FIBRILLATION		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
03/05/2018		TSUNG-CHANG CHEN M.D.	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		117. LICENSE NUMBER	
03/15/2018		A45142	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE	
TSUNG-CHANG CHEN M.D.		03/21/2018	
120. MANNER OF DEATH		121. INJURY DATE	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE	
128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	
A B C D E			

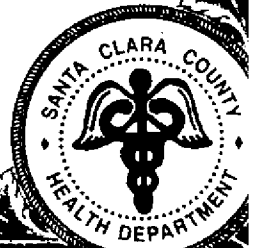
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **MAR 29 2018** * H 3 2 8 8 4 3 4 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

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



Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

EXHIBIT 'A'

**LOT 577, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA,
ON MARCH 27, 1974, IN BOOK 374, PAGE 676, AS FILE NO. 72456**

