

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Larry Lamonica
PO BOX 20350
Carson City NV 89721



KAREN ELLISON, RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. 1219-23-001-005

File No.: 143-2576173 (mk)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Larry Benjamin Lamonica, Successor Trustee ("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. **Joseph Benjamin Lamonica** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 23, 2006** at **Gardnerville NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 19, 1993** executed by **Joseph Benjamin Lamonica and Ruth Ann Runnells- Lamonica** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **January 7, 1994** which was recorded as Instrument No. **327267** in Book **0194**, Page **1732**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 10/31/19

DECLARANT:

Larry Benjamin Lamonica
Larry Benjamin Lamonica, Successor Trustee

State of NV)
)ss
County of DOUGLAS)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 8th day of Nov., 2019 by LARRY Benjamin Lamonica, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..
Successor trustee

WITNESS my hand and official seal.

This area for official notarial seal

Signature Mary Kelsh

My Commission Expires: 11-6-22

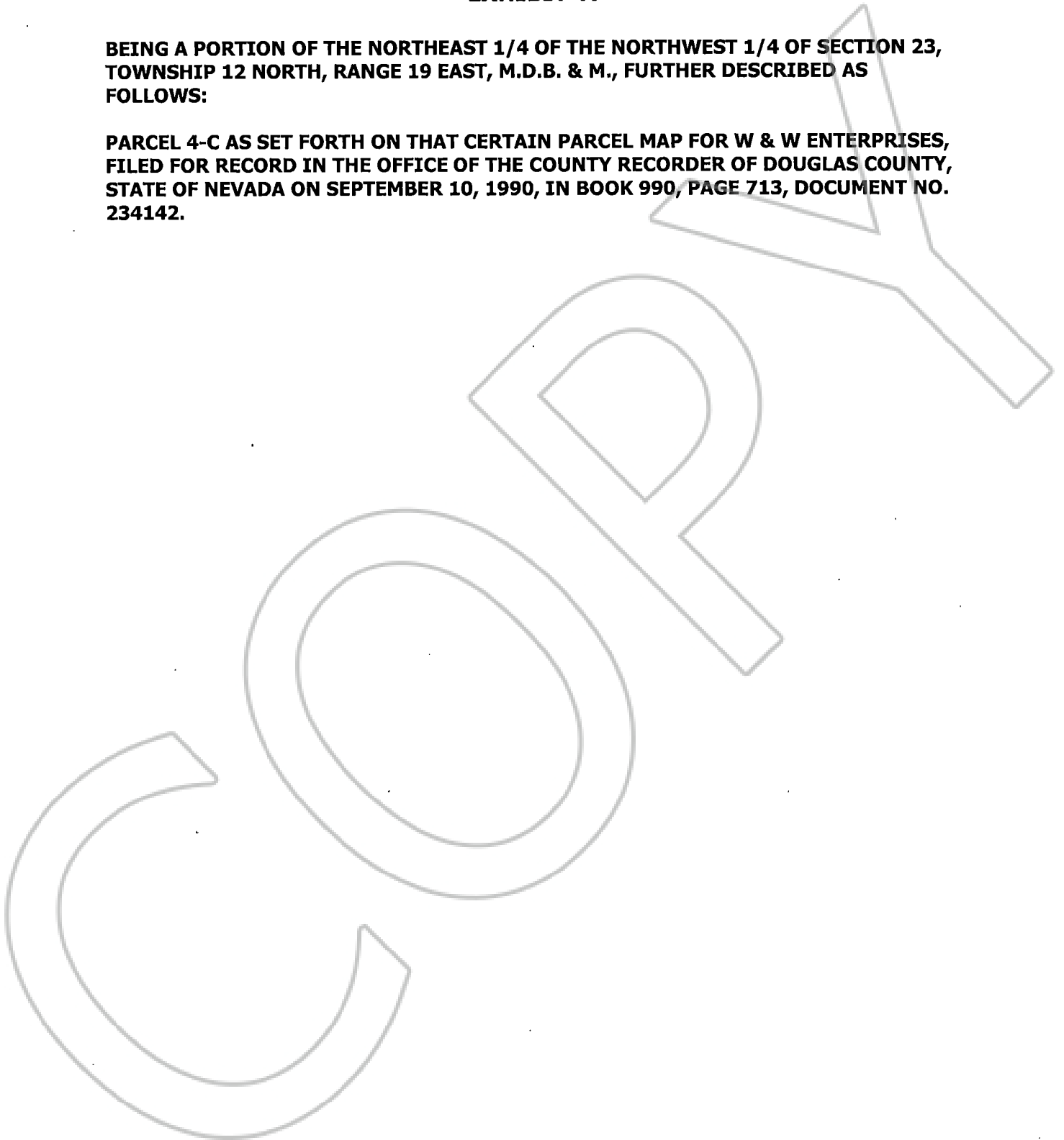
Notary Name: Mary Kelsh Notary Phone: 775-782-5411
Notary Registration Number: _____ County of Principal Place of Business NV



EXHIBIT 'A'

**BEING A PORTION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 23,
TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B. & M., FURTHER DESCRIBED AS
FOLLOWS:**

**PARCEL 4-C AS SET FORTH ON THAT CERTAIN PARCEL MAP FOR W & W ENTERPRISES,
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
STATE OF NEVADA ON SEPTEMBER 10, 1990, IN BOOK 990, PAGE 713, DOCUMENT NO.
234142.**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Joseph Benjamin LAMONICA		2. January 23, 2006		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		II Hosp or Inst. indicate DOA, OP/Emar. Rm Inpatient (Specify)		SEX	
3b. Gardnerville		3c. North Hampton Cir. / Lampe Park		3e. 7		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr)	
5. White		6.		7a. 74		8. May 27, 1931	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 13 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		12. Ruth Casey	
13. 7745		14a. Machinist		14b. Manufacturing			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 424 Claire Ct.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes		INSIDE CITY LIMITS (Specify Yes or No)	
16. Benjamin LaMonica		17. Frances Garafalo					
INFORMANT—NAME (Type or Print)		Mailing Address (Street or R.F.D. No., City or Town, State, Zip)					
18a. Ruth LaMonica - Wife		18b. P.O. Box 1171, Minden, Nevada 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH		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 and Title)	
21b. <i>[Signature]</i>		21c.		22b. 1/30/06		22c. 0713	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON 1-23-06		22e. AT 0713		LICENSE NUMBER	
23a. Nate Almeida, Deputy/Coroner, P.O. Box 218, Minden, NV 89423		23b. 359					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. February 2, 2006		24c. 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 I (a) Gun Shot Wound To The Head		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	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		26. Yes		27. Yes	
28a. suicide		28b. 1-23-06		28c. 0713		28d. M shot self with revolver	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28e. no		28f. Lampe Park		28g. North Hampton Circle, Gardnerville, NV			

TYPE OR PRINT IN PERMANENT BLACK INK

AGENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF DEATH CERTIFICATE

MENTS

POSITION

ATIFIER

DITIONS ANY CH GAVE SE TO DECIATE CAUSE DURING THE EARLYING SE LAST

USE OF EATH

STATE REGISTRAR

No. 325141

109099

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:

MAR 23 2006

STATE REGISTRAR

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

