

APN# 1220-22-410-193

Recording Requested by/Mail to:

Name: Signature Title Company LLC

Address: 1664 Highway 395 Suite 106

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Darlene Louise Lacugna

Address: 123 Wave Avenue

City/State/Zip: Pismo Beach, CA 93449

Affidavit Death Of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

N. Frey
Signature

NATALIE FREY
Printed Name

RECORDING REQUESTED BY:
Signature Title Company
1664 Hwy 395, Suite 106
Minden, NV 89423

AND WHEN RECORDED MAIL TO:

Darlene Louise Lacugna, Surviving Trustee of The
Charles Lacugna Jr. and Darlene Louise Lacugna
Living Trust dated September 26, 1990

A.P.N.: 1220-22-410-193
Escrow No.: 710658-NF

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF
COUNTY OF

Darlene Louise Lacugna, of legal age, being first duly sworn, deposes and says:

That Charles Lacugna Jr. the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Lacugna Jr., trustee of The Charles Lacugna Jr. and Darlene Louise Lacugna, named as one of the parties in that certain Grant, Bargain, and Sale Deed dated November 8th, 1995, executed by George L. Hicks and Janis M. Hicks husband and wife, to Charles Lacugna Jr., Trustee and Darlene Louise Lacugna, Trustee of The Charles Lacugna Jr. and Darlene Louise Lacugna Living Trust dated September 26, 1990, recorded as instrument No. 374713, on November 13, 1995, of Official Records of Douglas County, California covering the following described real property situated in the County of Douglas, State of California:

See Attached Legal Description

A section of the trust provides that if either Charles Lacugna Jr. or Darlene Louise Lacugna is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date Darlene Louise Lacugna is the sole Trustee of the above named Trust.

Dated: January 28, 2022


Darlene Louise Lacugna, Surviving Trustee

STATE OF CA
COUNTY OF SAN LUIS OBISPO

} ss:

This instrument was acknowledged before me on FEB 4 2022

by DARLENE LOUISE LACUGNA


Notary Public (seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4214795

CERTIFICATE OF DEATH

2021012399
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) Charles LACUGNA JR		2. DATE OF DEATH (Mo/Day/Year) May 20, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION (Name, if not either, give street or number) 1409 Patricia Dr		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last Birthday (Years) 86		7b. UNDER 1 YEAR None		7c. UNDER 1 DAY None	
8. DATE OF BIRTH (Mo/Day/Yr) February 07, 1935		9a. STATE OF BIRTH (if not US/CA, name country) Illinois			
9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 15		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Darlene Louise TIGNAC		13. SOCIAL SECURITY NUMBER 0257		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Mechanical Engineer	
14b. KIND OF BUSINESS OR INDUSTRY Aerospace		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1409 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles LACUGNA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Helen BUCHHOLTZ		
18a. INFORMANT - NAME (Type or Print) Darlene Louise LACUGNA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1409 Patricia Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD897		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
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) DOUGLAS VACEK DO 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) May 24, 2021		21c. HOUR OF DEATH 01:14		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Douglas Vacek DO- 850 6th Street Lovelock, NV-89419			
23b. LICENSE NUMBER 1125		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 2021	
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) Cardiac Arrest			
DUE TO, OR AS A CONSEQUENCE OF:		(b) Electrolyte Imbalance			
DUE TO, OR AS A CONSEQUENCE OF:		(c) Metastatic Lung Cancer			
DUE TO, OR AS A CONSEQUENCE OF:		(d) Etiology Unknown			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Atherosclerotic Cardiovascular Disease, Type 2 Diabetes		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., HOMICIDE, 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.		28h. CITY OR TOWN STATE	



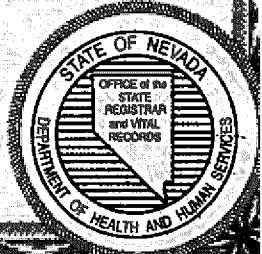
CERTIFIED COPY OF VITAL RECORDS

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.

Wesley T Storey
STATE REGISTRAR

DATE ISSUED: 5/28/2021

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



LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS,
STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 802 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, as Document No.
72456.

APN: 1220-22-410-193

