

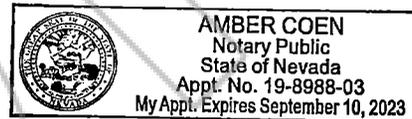
State of Nevada
County of Douglas

On April 21, 2022, before me, Amber Coen
(insert name and title of Notary)

personally appeared **NANCY O'HARA FICCO**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument (Affidavit of Death of Trustee) and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Amber Coen
NOTARY SIGNATURE

NOTARY STAMP

EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL 1:

UNIT 340, AS SHOWN ON THE FINAL MAP NO. 1008-7A FOR WINHAVEN, UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 17, 1995, IN BOOK 1195 OF OFFICAL RECORDS AT PAGE 2675, AS DOCUMENT NO. 374950.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

Assessor's Parcel No. 1320-29-111-057 / 1148 White Oak Loop Minden, Nevada 89423.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4276197

CERTIFICATE OF DEATH

2022008733
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) Rosemarie FICCO		2. DATE OF DEATH (Mo/Day/Year) March 31, 2022		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) Carson Valley Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 93		7c. UNDER 1 DAY INPATIENT	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1928	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████████-1102		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) SCHOOL TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1148 White Oak Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Vincent FICCO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth Agnes DENUNZIO		
18a. INFORMANT- NAME (Type or Print) Richard Anthony FICCO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 853 Marion Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) JUSTIN FRICKE					
21b. DATE SIGNED (Mo/Day/Yr) April 04, 2022		21c. HOUR OF DEATH 15:30		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) JUSTIN FRICKE		22b. DATE SIGNED (Mo/Day/Yr) March 31, 2022		22c. HOUR OF DEATH 16:00	
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) Deputy Justin Fricke P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0523	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 05, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
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:					
(b) Severe Protein Calorie Malnutrition Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Failure To Thrive Adult Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Possible Leukemia 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. Acute Encephalopathy, Hypertension, Hyperlipidemia, Stage 3 Chronic Kidney Disease					
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					
28a. 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	



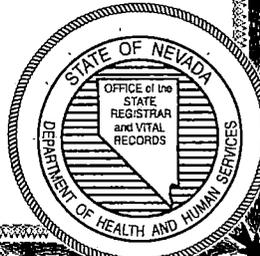
CERTIFIED COPY OF VITAL RECORDS

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: 4/13/2022

Jan Shugh
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE