

Assessor's Parcel No. A portion of 1320-03-001-028

When recorded mail to:  
Louis S. Test  
429 West Plumb Lane  
Reno, Nevada, 89509



KAREN ELLISON, RECORDER

Mail future Tax Statements to:  
Brian J. Lagorio  
2560 Last Chance Court  
Minden, Nevada, 89423

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF NEVADA        )  
                                      : SS.  
COUNTY OF WASHOE    )

BRIAN LAGORIO, does hereby swear under penalty of perjury that the assertions of this Affidavit are true, to wit:

1. That I are over the age of eighteen years and legally competent to make and execute this affidavit.

2. That I am the survivor of the joint tenancy property of VICKI LYNN LAGORIO, also known as VICKI LAGORIO.

3. That VICKI LYNN LAGORIO, also known as VICKI LAGORIO, is now deceased, having died in the City of Minden, County of Douglas, State of Nevada, on December 3, 2021. Attached hereto is a certified copy of the Certificate of Death of VICKI LYNN LAGORIO, also known as VICKI LAGORIO, which has been duly filed with Vital Records in the City of Minden, County of Douglas, State of Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of the said VICKI LAGORIO, VICKI LAGORIO and your affiant were owners as Joint Tenants with right of survivorship, under a Deed recorded

October 5, 2017, as Document No. 2017-905266, Official Records, Douglas County Recorder, of that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

A parcel of land located within a portion of the Northeast One-Quarter (NE 1/4) of the Northeast One-Quarter (NE 1/4) of Section 3, Township 13 North, Range 20 East. Mount Diablo Meridian, Douglas County, Nevada, described As follows:

Parcel 4B as shown on Parcel Map No. 2 (LDA16-014) for West Ridge Homes, Inc., filed for record in the office of the Douglas County Recorder, State of Nevada, on September 20, 2017 as Document No. 2017-904317, Official Records.

5. That by reason of the demise of the said VICKI LYNN LAGORIO, also known as VICKI LAGORIO, your affiant is the sole owner under the Deed on the above-described property.



BRIAN LAGORIO

SUBSCRIBED AND SWORN to before  
me this 21<sup>st</sup> day of April, 2022.

  
NOTARY PUBLIC

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, Affidavit of Survivorship, contains the social security number of a person as required by a specific state or federal law, to wit:

NRS 440.380, Medical Certificate of Death.

DATED: This 2~~nd~~ day of APRIL, 2022.



\_\_\_\_\_  
BRIAN LAGORIO

COPIES

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4252763

**CERTIFICATE OF DEATH**

2021030343  
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) <b>Vicki Lynn LAGORIO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 03, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2560 Last Chance Court</b>		3e. If Hosp or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>62</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 24, 1959</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Brian Josef LAGORIO</b>	
13. SOCIAL SECURITY NUMBER <b>5235</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Day) <b>Head of Regional Operations</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture Financing</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2560 Last Chance Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Victor Primo DELU</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eileen Irene MOSER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Brian Josef LAGORIO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2560 Last Chance Court Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada-89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
20d. SIGNATURE AUTHENTICATED					
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) <b>REED DOPF MD</b>			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) <b>December 06, 2021</b>		21c. HOUR OF DEATH <b>14:37</b>		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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 06, 2021</b>		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) <b>Respiratory Arrest</b>				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
(c) <b>Malignant Cholangiocarcinoma</b>				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 I					
26. AUTOPSY (Specify Yes or No) <b>No</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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	



CERTIFIED COPY OF VITAL RECORDS

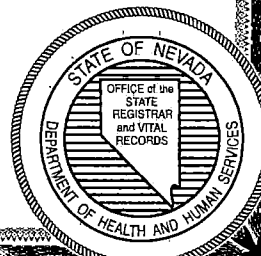
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/8/2021

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

*Shana B Rhinehart*

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE