

WHEN RECORDED MAIL TO:
Josef P. Lagorio and James L. Dempsey,
Co-Trustees of the Lagorio Family Trust
350 Palos Verde Blvd APT 10
Redondo Beach, CA 90277

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02204080-RLT

APN No.: 1320-03-001-035

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }


Josef P Lagorio and James L Dempsey, being duly sworn, deposes and says:

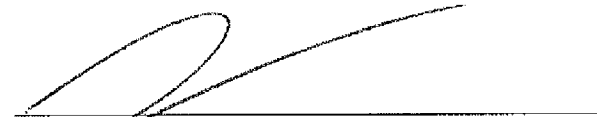
1. Brian Josef Lagorio, the decedent mentioned in attached copy of Certificate of Death, is the same person as Brian J Lagorio, Trustee of the Brian Lagorio Family Trust named as one of the trustee(s) in that certain Deed dated April 21 2022, executed by Brian Lagorio to Brian J Lagorio Trustee of the Brian Lagorio Family Trust, recorded on 06/16/2022 as instrument number 2022-986379, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Josef P Lagorio and James L Dempsey, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 10/19/22



Josef P Lagorio Co-Trustee


James L. Dempsey, Co-Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 10/19/2022,
by Josef P. Lagorio & James L. Dempsey

NOTARY PUBLIC

 **RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-6 - Expires April 10, 2023

Order No.: 02204080-RLT

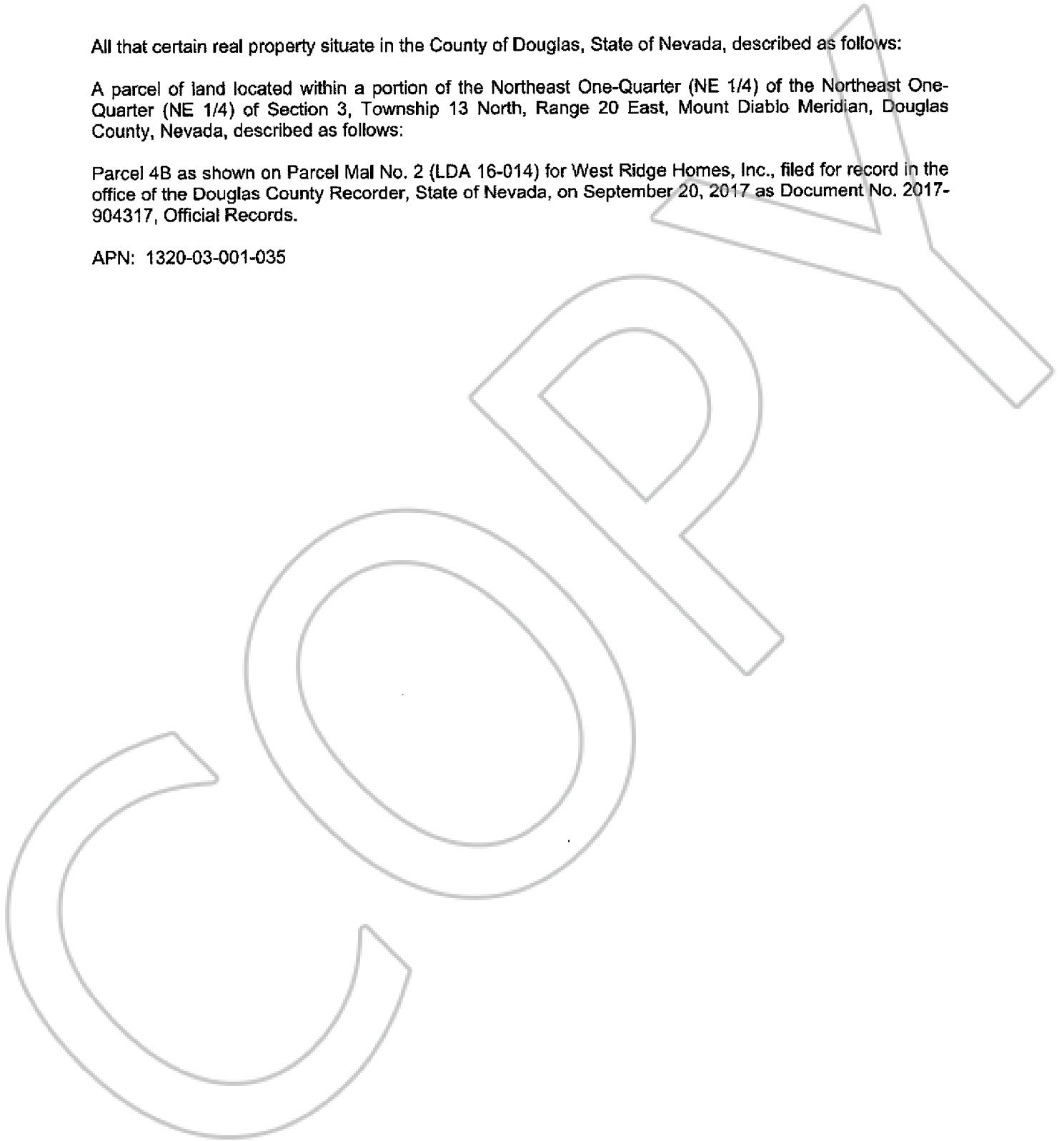
EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, 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 (LDA 16-014) 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.

APN: 1320-03-001-035



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4297942

CERTIFICATE OF DEATH

2022018492
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) Brian Josef LAGORIO			2. DATE OF DEATH (Mo/Day/Year) July 30, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 2560 Last Chance Court		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 63	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) February 11, 1959
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER 8998		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 2560 Last Chance Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alvin LAGORIO				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorene PICCARDO		
18a. INFORMANT - NAME (Type or Print) Josef Peter LAGORIO			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town; State, Zip) 350 Palms Verdes Boulevard #10 Redondo Beach, California 90277			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423			
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) STEPHEN M GRAVES 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) STEPHEN M GRAVES SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) August 03, 2022		21c. HOUR OF DEATH 15:58		22b. DATE SIGNED (Mo/Day/Yr) August 03, 2022		22c. HOUR OF DEATH 15:58
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) July 30, 2022		22e. PRONOUNCED DEAD AT (Hour) 03:58	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Stephen M. Graves, 1038 Buckeye Rd Minden, NV 89423					23c. LICENSE NUMBER	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 03, 2022		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) Pending Investigation					Interval between onset and death	
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	
(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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.	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) NOT APPLICABLE		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE Nevada



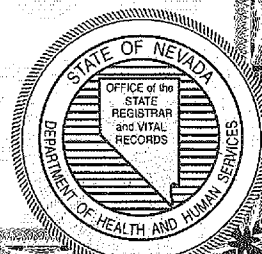
CERTIFIED COPY OF VITAL RECORDS

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: **8/10/2022**

Scott Spangler
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