

**ASSESSOR'S PARCEL NO. 1318-09-810-019****RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:**

ANDERSON YAZDI HWANG  
MINTON + HORN LLP  
Steven D. Anderson, Esq.  
350 Primrose Road  
Burlingame, CA 94010

**MAIL TAX STATEMENTS TO:**

Cherie L. Hayes, Trustee  
Richard A. Vogel, Trustee  
650 Oxbow Court  
Reno, NV 89511

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF SUCCESSOR TRUSTEES**

CHERIE L. HAYES, over the age of eighteen years, being duly sworn, deposes and says that:

1. CLAUDETTE D. VOGEL is named as the Trustee of THE CLAUDETTE D. VOGEL TRUST under agreement dated October 25, 2016.
2. CLAUDETTE D. VOGEL died on March 1, 2024, and is the decedent named in the certified Certificate of Death attached hereto and made a part hereof.
3. CLAUDETTE D. VOGEL, the decedent, is the same person named as the trustee grantee in the Grant, Bargain, and Sale Deed recorded as document number 2023-995442 on April 11, 2023, in the Office of the Recorder of Douglas County, State of Nevada, commonly known as 620 Lake Shore Boulevard, Zephyr Cove, Nevada 89448-4800 and more particularly described as:

LOTS 11 and 12 in Block A, as shown on the map of AMENDED MAP OF SUBDIVISION NO. 2 ZEPHYR COVE PROPERTIES, INC. in SECTIONS 9 and 10, Township 13 North, Range 18 East, M.D.B. & M., filed in the office of the County Recorder of Douglas County, Nevada, on August 5, 1929.

4. Pursuant to the provisions of the Trust, as a result of the death of CLAUDETTE D. VOGEL, CHERIE L. HAYES and RICHARD D. VOGEL are now the Trustees of THE CLAUDETTE D. VOGEL TRUST under agreement dated October 25, 2016, and have consented to act as Trustees. The Trust has not been revoked as is in effect as of the date of death of CLAUDETTE D. VOGEL.

The undersigned have signed this Affidavit of Successor Trustees this 20<sup>th</sup> day of March, 2024.

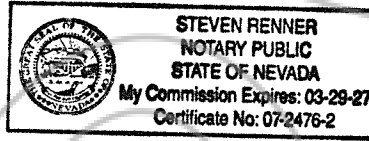
  
\_\_\_\_\_  
CHERIE L. HAYES

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF NEVADA )  
 ) ss.  
COUNTY OF Washoe )

Subscribed and sworn to (or affirmed) before me on this 27 day of March, 2024, by  
CHERIE L. HAYES, proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

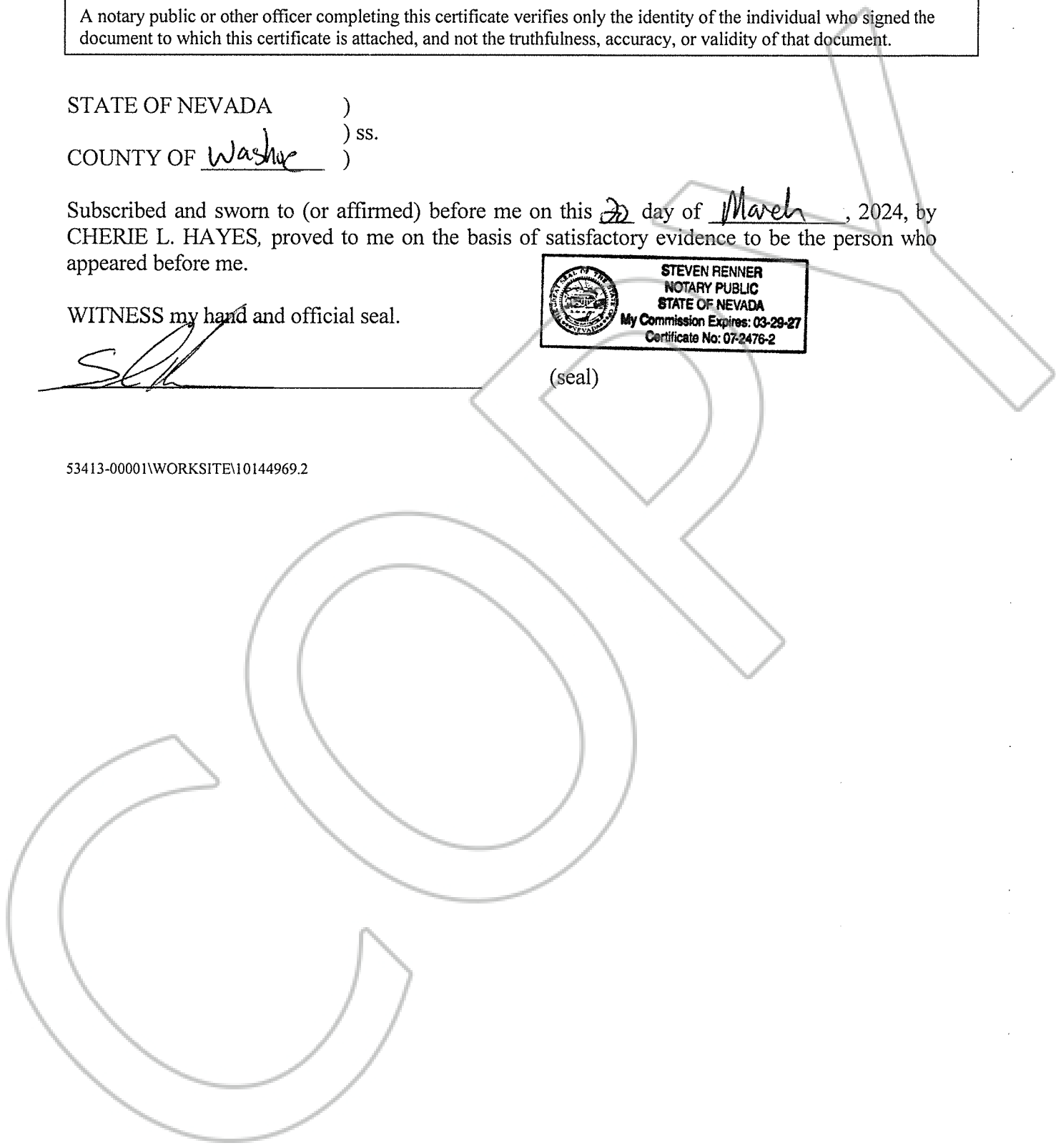
WITNESS my hand and official seal.



[Signature]

(seal)

53413-00001\WORKSITE\10144969.2





STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

NORTHERN NEVADA PUBLIC HEALTH  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4401366

CERTIFICATE OF DEATH

2024005096  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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>Claudette Delucchi</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 01, 2024</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>650 Oxbow 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>87</b>		7b. UNDER 1 YEAR MOS: DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 24, 1936</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>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>7889</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>650 Oxbow Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard Mateo DELUCCHI</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Blanche Josephine URRERE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Cherie HAYES</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>650 Oxbow Court Reno, Nevada 89511</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations - Sierra Chapel 875 West Second St Reno NV 89503</b>	
20a. 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>WILLIAM ABRAHAM SAGO 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) <b>WILLIAM ABRAHAM SAGO MD</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 12, 2024</b>		21c. HOUR OF DEATH <b>08:04</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>March 12, 2024</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 01, 2024</b>		22e. PRONOUNCED DEAD AT (Hour) <b>08:04</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>William Abraham Sago MD 990 E Ninth St Reno, NV 89512</b>				23b. LICENSE NUMBER <b>22060</b>	
24a. REGISTRAR (Signature) <b>BRENDA L PEER</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 12, 2024</b>		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) <b>Hypertensive Cardiovascular Disease</b>				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: <b>Diabetes Mellitus II</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>		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.	

000544742

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.

3/12/2024

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

NNPH

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

