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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1220-10-710-017

Recording Requested By:)
Raymond Longre)
1643 Belarra Drive)
Minden, NV 89423)

When Recorded Mail to:)
Raymond Longre)
1643 Belarra Drive)
Minden, NV 89423)

Mail Tax Statements to:)
Raymond Longre)
1643 Belarra Drive)
Minden, NV 89423)

AFFIDAVIT – DEATH OF TRUSTEES

I, RAYMOND CARL LONGRE, of legal age, being first duly sworn, declare under penalty of perjury that:

ANGELA LONGRE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ANGELA LONGRE named as Co-Trustee in the Declaration of Trust executed on October 15, 1996, by RAYMOND LONGRE and ANGELA LONGRE as Grantors.

ANGELA LONGRE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ANGELA LONGRE, named as one of the parties in that certain deed dated October 15, 1996, and executed by RAYMOND LONGRE and ANGELA LONGRE, Husband and Wife (Grantors) to RAYMOND LONGRE and ANGELA LONGRE AS TRUSTOR(S); TRUSTEE(S) OF THE RAYMOND LONGRE and ANGELA LONGRE FAMILY TRUST, DTD. October 15, 1996 (Grantees), recorded on November 15, 1996, as Document No. 401038, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 10 as shown on the map of COUNTRY CLUB ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 17, 1967.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

ANGELA LONGRE, the deceased Co-Trustee, died on June 8, 2022, as shown in the attached certified copy of Certificate of Death.

RAYMOND LONGRE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND LONGRE named as Co-Trustee in the Declaration of Trust executed on October 15, 1996, by RAYMOND LONGRE and ANGELA LONGRE as Grantors.

RAYMOND LONGRE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND LONGRE, named as one of the parties in that certain deed dated October 15, 1996, and executed by RAYMOND LONGRE and ANGELA LONGRE, Husband and Wife (Grantors) to RAYMOND LONGRE and ANGELA LONGRE AS TRUSTOR(S); TRUSTEE(S) OF THE RAYMOND LONGRE and ANGELA LONGRE FAMILY TRUST, DTD. October 15, 1996 (Grantees), recorded on November 15, 1996, as Document No. 401038, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 10 as shown on the map of COUNTRY CLUB ESTATES, filed in the office of the County Recorder of Douglas -County, State of Nevada, on July 17, 1967.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

RAYMOND LONGRE, the deceased Co-Trustee, died on January 25, 2023, as shown in the attached certified copy of Certificate of Death.

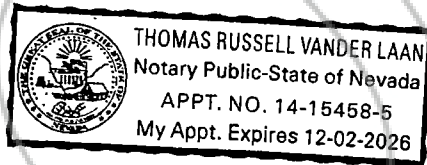
The Affiant is the son of the deceased Trustees and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds the title as RAYMOND CARL LONGRE, Trustee, or his successors in Trust, under THE LONGRE FAMILY TRUST, dated October 15, 1996.

Executed on this June 1, 2023, in Douglas County, State of Nevada.

Raymond Carl Longre
RAYMOND CARL LONGRE

STATE OF NEVADA)
): ss
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this June 1, 2023, by RAYMOND CARL LONGRE.



[Signature]

NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4330893

CERTIFICATE OF DEATH

2023001920
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

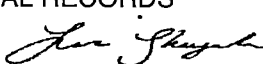
REGISTRAR

CAUSE OF DEATH

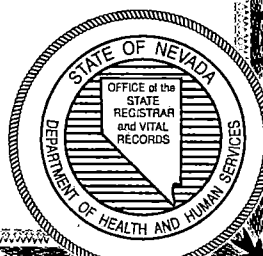
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|--|--|---|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Raymond LONGRE | | 2. DATE OF DEATH (Mo/Day/Year) January 25, 2023 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center | | 3e.If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 95 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) June 21, 1927 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 13 | | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER ██████████ 6494 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SHEET METAL WORKER | | 14b. KIND OF BUSINESS OR INDUSTRY HVAC | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1478 Tenth St | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Carlo LONGRE | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Francesca BOERO | | |
| 18a. INFORMANT- NAME (Type or Print) Joanne Lisa LONGRE | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1224 Garfield Ave Albany, California 94706 | | |
| 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) NORMA M FINKES SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | | 20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JORGE SANTIBANEZ MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) February 01, 2023 | | 21c. HOUR OF DEATH 15:42 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Craig Rau MD | | 22b. DATE SIGNED (Mo/Day/Yr) | | 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) Jorge Santibanez MD 1600 Medical Parkway Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13739 | |
| 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2023 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I | | | | Interval between onset and death | |
| (a) Multiorgan Failure | | | | 2 Days | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Acute Respiratory Failure | | | | 2 Days | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Acute Respiratory Distress Syndrome | | | | 1 Day | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) Hemoptysis | | | | 2 Days | |
| PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Suspected Esophageal Mass | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | | | |
| 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: 2/2/2023


 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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4287817

CERTIFICATE OF DEATH

2022013995
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) Angela DOMINGO LONGRE | | 2 DATE OF DEATH (Mo/Day/Year) June 08, 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 ar number) 1478 Tenth Street | | 3e If Hosp. or Inst. Indicate DOA,OP/Emer Rm Inpatient(Specify) Home | |
| 4. SEX Female | | 5 RACE (Specify) White | | 6 Hispanic Origin? Specify ; No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 86 | | 7b. UNDER 1 YEAR (MOS DAYS) | | 7c. UNDER 1 DAY (HOURS MINS) | |
| 8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1935 | | 9a. STATE OF BIRTH (if not US/CA, name country) Italy | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 7 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Raymond LONGRE | |
| 13 SOCIAL SECURITY NUMBER -8552 | | 14a USUAL OCCUPATION (Give Kind of Work Done Dunning Most of) BANKER | | 14b KIND OF BUSINESS OR INDUSTRY BANKING | |
| 15a RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c CITY, TOWN OR LOCATION Minden | |
| 15d STREET AND NUMBER 1478 Tenth Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Salvatore DOMINGO | | | 17 MOTHER/PARENT - NAME (First Middle Last Suffix) Giuseppa ZICHICHI | | |
| 18a. INFORMANT- NAME (Type or Print) Lori ANNETT | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1527 Glenwood Drive 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) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD983 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) June 08, 2022 | | 21c. HOUR OF DEATH 07:41 | | | |
| 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) | | | | | |
| 22b. DATE SIGNED (Mo/Day/Yr) | | 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13920 | |
| 24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 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) Cardiac Arrest | | | | Interval between onset and death | |
| (b) Acute On Chronic Heart Failure | | | | Interval between onset and death | |
| (c) Cardiomyopathy | | | | Interval between onset and death | |
| (d) Coronary Heart Disease | | | | 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 | | | | | |
| 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | |
| 28a. AGC, 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: 6/13/2022

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