

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1320-31-513-007

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 September 24, 2012, and executed by Beverly Johnson, Trustee, and Curtis W. Frank, Trustee (Grantors) to Raymond Longre and Angela Longre, as Trustees of The Raymond & Angela Longre Family Trust, dated October 3, 1996 (Grantees), recorded on September 25, 2012, as Document No. 809710, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 14, IN BLOCK C, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF BELARRA SUBDIVISION, UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 18, 1978, AS DOCUMENT NO. 25373.

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 all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging 'or appertaining, and any reversions, remainders, rents, issues or 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 September 24, 2012, and executed by Beverly Johnson, Trustee, and Curtis W. Frank, Trustee (Grantors) to Raymond Longre and Angela Longre, as Trustees of The Raymond & Angela Longre Family Trust, dated October 3, 1996 (Grantees), recorded on September 25, 2012, as Document No. 809710, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

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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 all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging 'or appertaining, and any reversions, remainders, rents, issues or profits thereof.

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

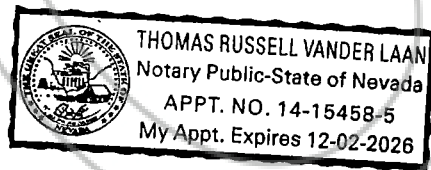
The Affiant is the son of the deceased Trustees and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds the title as RAYMOND 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	
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) JORGE SANTIBANEZ MD 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)			
21b. DATE SIGNED (Mo/Day/Yr) February 01, 2023		21c. HOUR OF DEATH 15:42		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Craig Rau MD		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22a. 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 (a) Multiorgan Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Respiratory Distress Syndrome DUE TO, OR AS A CONSEQUENCE OF: (d) Hemoptysis			
Interval between onset and death 2 Days		Interval between onset and death 2 Days			
Interval between onset and death 1 Day		Interval between onset and death 2 Days			
Interval between onset and death 2 Days		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

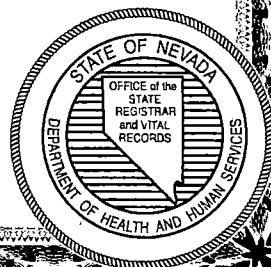
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **2/2/2023**

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

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 or number) 1478 Tenth Street		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
9a STATE OF BIRTH (If not US/CA, name country) Italy		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 7	
13 SOCIAL SECURITY NUMBER [REDACTED]-8552		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY BANKING	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Salvatore DOMINGO		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Giuseppa ZICHICHI		15d STREET AND NUMBER 1478 Tenth Street	
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		20b FUNERAL DIRECTOR LICENSE NUMBER FD983		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda 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) REED DOPF MD			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) June 08, 2022			21c HOUR OF DEATH 07:41		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b DATE SIGNED (Mo/Day/Yr)		
			22c HOUR OF DEATH		
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			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	
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	



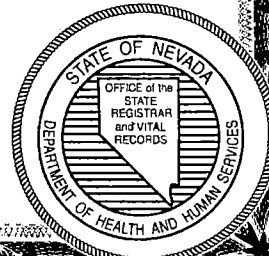
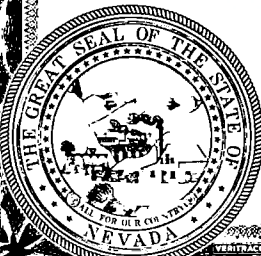
CERTIFIED COPY OF VITAL RECORDS

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Scott Spangler
STATE REGISTRAR

DATE ISSUED: 6/13/2022

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