DOUGLAS COUNTY, NV Rec:\$40.00

Rec:\$40.00 Total:\$40.00 RAYMOND LONGRE 2023-997156 06/06/2023 01:56 PM

Pgs=5

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

Natalia K. Vander Laan, Esq.

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

00168800202309971560050052
SHAWNYNE GARREN, RECORDER

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	Ś

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:

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.

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

STATE OF NEVADA

): ss

COUNTY OF DOUGLAS

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

THOMAS RUSSELL VANDER LAAN
Notary Public-State of Nevada
APPT. NO. 14-15458-5
My Appt. Expires 12-02-2026

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.



DEPARTM

DIVI

ENT OF HEALTH AND HUMAN SERVICES	ac to
ISION OF PUBLIC AND BEHAVIORAL HEALTH	
VITAL STATISTICS	

CASE FII	FILE NO. 4330893 CERTIFICATE OF DEATH					l	2023001920				
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,M	IIDDLE,LAST,SUFFIX)) Iz DATE OF I					STATE FILE NUMBER DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH			
PERMANENT	Raymo		1	LONGRE							on City
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar 3e. If Hosp. or Inst. indicate DOA, OP/Emer								4. SEX		
DECEDENT	Carson City	number)	Carson Tahoe	Regional	Medical Ce	nter`	inpatient(Inpatient(Specify) Inpatient Male			
DECEDENT	5. RACE (Specify)		Hispanic Origin? S	Specify	7a. AGE-Last b		7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Y				
	Wh		No - Non-His		(Years)	95	OS DAYS	HOURS	MINS	June :	21, 1927
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/Oname country)	CA, 9b. CITIZEN OF V	EN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Speedly Wildowed Wildowed 13				city) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				o first marriage)
INSTITUTION SEE HANDBOOK REGARDING	name country) California 13. SOCIAL SECURITY NUMBER						4h KIND OF BI	KIND OF BUSINESS OR INDUSTRY Ever in US Armed			
COMPLETION OF RESIDENCE ITEMS	-6494		SHEET METAL WORKER				HVAC Forces? Yes				
ITEMS	15a. RESIDENCE - STATE 1	5b. COUNTY	15c. CITY, 7	TOWN OR LO	CATION 15	d. STREET	AND NUMBER	₹		15 LU	e. INSIDE CITY MITS (Specify Yes No) No
<u> </u>	Nevada	<u>Douglas</u>		Minden		478 Te				75.	No) No
PARENTS	16. FATHER/PARENT - NAME (F	rifst Middle Last Suffix; Carlo LONGRE		/	17. MOT	HER/PARE	NT - NAME (F	irst Middle BNCESCA		•	1
	18a. INFORMANT- NAME (Type of			AILING ADD	RESS (Stree	t or Ř.F.D.	No, City or Tow			-	-
		sa LONGRE			122		ld Ave Alba	1		06	1
DISPOSITION	19a. BURIAL, CREMATION, REM Burial	OVAL, OTHER (Specify)	19b. CEMETERY			י חבילי		19c. LOC		City or Town	State
DISPOSITION	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Dames Acti	Cust) 100	- %	de Memoria		ND 4505500	05 5100 45		en Nevada 8	39423
	NORM/	M FINKES	Lights Sucrity (20	CENSE NUM		C. NAME AI		tzhenrys I		Home	
سر		URE AUTHENTICATE	0	FD96	7		3945 Fai	rview Dr (Carson C	ity NV 8970)1
TRADE CALL	TRADE CALL - NAME AND ADD				1	1/					
	21a, To the best of my kno best of the cause(s) stated.(Sig	nature & Title) 510	SNATURE AUTH	Place and du HENTICATE						yopinion death o (Signature & Titl	
CERTIFIER	21b. DATE SIGNED (Mor	DROE SANTIBAN Day/Yr) 21c. H	OUR OF DEATH	The state of the s	- 2 5 5 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	DATE SIG	GNED (Mo/Day/	Yr)	122c H	OUR OF DEAT	H
4 2	្តី <u>February 01, 202</u>	3	15:42	76	Com	1000	SI LED (LILOIDAY)	,			
	February 01, 202	NG PHYSICIAN IF OTHE Craig R:		R	OBO COMPLETE OF LICE	, PRONOU	JNCED DEAD (Mo/Day/Yr)	22e. P	RONOUNCED	DEAD AT (Hour)
	23a. NAME AND ADDRESS OF C			SICIAN MED	76.	R OR COE	RONER) (Type	or Print)	123	b. LICENSE NU	MRED
	Jor	ge Santibanez MD	1600 Medica	l Parkway	Carson City	y, NV 89	9703	oj r isto	2.0	137	
REGISTRAR	24a. REGISTRAR (Signature)	SCOTT SHELD		LER	24b. DATE RE (Mo/Day/Yr)	li.	Y REGISTRAR	24c. D			IICABLE DISEASE
0.41105.05	25. IMMEDIATE CAUSE	SIGNATURE AUT		00 (a) (b) Al		Februa	ry 01, 2023		YES	∐ NO	
CAUSE OF DEATH	PART I (a) Multiorgai	n Failure	OOL FER LINE FO	OR (a), (b), Ai	VD (C).)	1			į	2 Days	en onset and death
DEATH	DUE TO, OR AS	A CONSEQUENCE OF:				_			<u>-</u>		en onset and death
CONDITIONS IF		spiratory Failure								2 Days	
ANY WHICH GAVE RISE TO IMMEDIATE	DUE TO, OR AS	s a consequence of spiratory Distre	se Sundron	20	1	7			;	Interval betwee	en onset and death
CAUSE STATING THE'> UNDERLYING	(6)	S A CONSEQUENCE OF:	•	16			-			1 Day	en onset and death
CAUSE LAST	(d) Hemopty	sis	The same of the sa	-	/ /					2 Days	m onset and death
	PART II OTHER SIGNIFICANT	CONDITIONS-Conditions	contributing to dea	ath but not res	ulting in the unc	derlying cau	se given in Par	11. 2	6: AUTOP	SY (Specif 27. W	AS CASE
/ /	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifor Supported Exophageal Mass) 26. AUTOPSY (Specifor Supported Exophageal Mass) 27. WAS CASE REFERRED TO CORONER (Specifor Supported Exophageal Mass) 28. AUTOPSY (Specifor Supported Exophageal Mass)										
1 [28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mod	Day/Yr) 28c.	HOUR OF INJU	RY 28d. DES	CRIBE HOW	INJURY OCCUR	RED			
1 1		_								,	
1 1	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY	At home, farm, st	reet, factory,	office 28g. LC	CATION	STREET C	R R.F.D. No	. CITY	OR TOWN	STATE
1 \	Yes or No)	building, etc. (Specify)	3,								





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.

2/2/2023

STATE REGISTRAR

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





DEPAR

CERTIFICATION OF VITAL REGULED SERVING	
BONG GRANDER BOTT COLOR FRANCOS BONG FOR A CONTRACTOR BONG FOR A CONTRACTOR BONG FOR A CONTRACTOR BONG FOR A C	MACHINE WAS A PROPERTY OF THE PARTY OF THE P
	ERRE
TMENT OF HEALTH AND HUMAN SERVICES	Da Company
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	
	•
VITAL STATISTICS	
	ab.
	ATT.

	LE NO. 4287817		CERTIFICATE	OF DEATH			22013995 ———			
TYPE OR	1a DECEASED-NAME (FIRST,	MIDDLE LAST SHEEKS			STATE FILE NUMBER					
PRINT IN PERMANENT	Ange	,	DOMINOOLO	Non-	2 DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
BLACKINK			DOMINGO LO		June 08, 20	June 08, 2022 Dougl				
	35 CITY, TOWN, OR LOCATION	NOF DEATH 30 HOSPITAL	OR OTHER INSTITUTION	-Name(If not either, giv	e street an 3e if Hosp or in	nst indicate DO	A,OP/Emer Rm 4 SEX			
DEGEDENZ	Minden	number)	1478 Tenth		Inpatient(Specif	fy)	\ \			
DECEDENT	5 RACE (Specify)		Ispanic Origin? Specify		la	Home	Female			
	1	hite	No - Non-Hispanic	(Years)	75 UNDER 1 YEAR 7c	UNDER 1 DAY	8 DATE OF BIRTH (Mo/Day/Yr)			
	L		•	1 86			September 14, 1935			
IF DEATH OCCURRED IN	9a STATE OF BIRTH (If not US	CA, 95 CITIZEN OF WI	HAT COUNTRY 10 EDUCA	TION 11 MARITAL STATE	IS (Specify) 12 SURVIVIN	IG SPOUSE'S NAM	ME (Last name prior to first marriage)			
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Italy	United S		Marrie	30	Raymond LONGRE				
REGARDING	13. SOCIAL SECURITY NUMBE	R 14a USUAL OCCU	PATION (Give Kind of Work	Done During Most of	14b KIND OF BUSINE	SS OR INDUS	TRY Ever in US Armed			
COMPLETION OF RESIDENCE	-8552		BANKER			NKING	Forces? No			
ITEMS	15a RESIDENCE - STATE	15b COUNTY	15c CITY, TOWN OR L	OCATION 15d STE	REET AND NUMBER	1414.140	15e INSIDE CITY			
L	LNevada	Douglas	1		The state of the s		LIMITS (Specify Yes			
_	16 FATHER/PARENT - NAME (<u> </u>		Tenth Street		r res p			
PARENTS		•	^	17 MOTHER/P	ARENT - NAME (First M		76.			
		Salvatore DOMING				pa ZICHIC	CHI 1			
	18a INFORMANT- NAME (Type		18b MAILING AD		F D No, City or Town, Sta					
		ANNETT		1527 Glenw	ood Drive Gardner	ille, Nevada	89460			
	19a. BURIAL, CREMATION, REI	MOVAL, OTHER (Specify) 19	DE CEMETERY OR CREMA	TORY - NAME		C LOCATION				
DISPOSITION	Buria		Easts	ide Memorial Parl	< /		den Nevada 89423			
	20a FUNERAL DIRECTOR - SIG	SNATURE (Or Person Acting	as Such) 20h FUNERA	DIRECTOR 200 NAM	ME AND ADDRESS OF FA		1011 140 Vada 09425			
	MERCEDES	Q QUARTUCCI	LICENSE NUI	MBER LONGING			Funeral Home			
	!	URE AUTHENTICATED	FD9	83			iden NV 89423			
TRADE CALL	TRADE CALL - NAME AND ADD		- · - · · · · · · · · · · · · · · · · ·		1007 Calliereit	IN PIACE WITH	dell 147 89423			
	> 21a To the best of my kno	wledge, death occurred at the	e time date and place and a	tun I one On the	to the state of th					
		nature & Title) SIGN	ATURE AUTHENTICAT		basis of examination and/or date and place and due to the	investigation, in n	ny opinion death occurred			
		REED DOPF MI	1	a Figure 116'	asic at to prace at to one to the	reause(s) stated.	. (Signature & Title)			
CERTIFIER	21b DATE SIGNED (Mo/	Day/Yr) 21c HOU	JR OF DEATH	E 22b DATE	SIGNED (Mo/Day/Yr)	22c	HOUR OF DEATH			
	S ≥ June 08, 2022		07:41	S Ä						
	June 08, 2022 21d. NAME OF ATTENDI	NG PHYSICIAN IF OTHER T	HAN CERTIFIER	ED 2 at the time, of 22b DATE CONO 200 22d PRO	NOUNCED DEAD (Mo/Da	v/Yr) 22e !	PRONOUNCED DEAD AT (Hour)			
į	문병 (Type or Print)	/ /			- N	. ·]				
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, AT	TENDING PHYSICIAN, ME	DICAL EXAMINER, OR	CORONER) (Type or Prin	10 12'	3b LICENSE NUMBER			
		Reed Dopf MD 907	7 Mountain Street Car	son City, NV 897	'03	jir -	13920			
REGISTRAR	24a. REGISTRAR (Signature)	SCOTT SHELDO		24b DATE RECEIVE		24c DEATH DI	JE TO COMMUNICABLE DISEASE			
THE OIL THAIR	\	SIGNATURE AUTH	·	(Mo/Day/Yr)	une 10, 2022	YES	_			
CAUSE OF	25 IMMEDIATE CAUSE		SE PER LINE FOR (a), (b), A		110 10, 2022	123				
,	PARTI (a) Cardiac A	rrest	22 1 EN EINE 1 ON (4), (0), 2	(C))			Interval between onset and death			
DEATH	(a)	S A CONSEQUENCE OF				i				
			. 51	1 1		;	Interval between onset and death			
CONDITIONS IF ANY WHICH	70)	Chronic Heart Fa	allure	/ /						
GAVE RISE TO		S A CONSEQUENCE OF		7 7			Interval between onset and death			
CAUSE STATING THE >	(c) Cardiomy		lu.				var bottreen onset zind dead:			
UNDERLYING CAUSE LAST	DUE TO, OR A	S A CONSEQUENCE OF		//			Interval between onset and death			
CAUSE LAST	Coronary (d)	Heart Disease				į	interval between onset and death			
/ /	PART II OTHER SIGNIFICANT	CONDITIONS Conditions and	ntributing to death but a	not and the						
/ /		CC. STITCHO-CONGRIONS CO.	numburing to death but not re.	saung in the underlying	cause given in Part 1		PSY (Special 27 WAS CASE REFERRED TO CORONER			
				-		Yes or No)	No REFERRED TO CORONER (Specify Yes or No) No			
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mc/Day	Mr) 28c HOUR OF INJ	JRY 28d DESCRIBE	HOW INJURY OCCURRED					
		r.								
\ \										
	28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJURY- A	home, farm, street, factory,	office 28g LOCATIO	N STREET OR R F	D No CIT	Y OR TOWN STATE			
1 \ \	res or NO)	building, etc. (Specify)					_			





CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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

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

