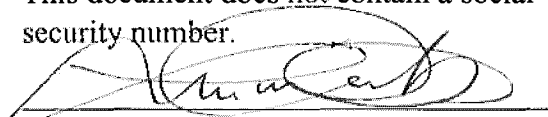


This document does not contain a social security number.


Welmerink Law, P.C.

APN: 1418-10-810-008

RPTT: \$0

RECORDING REQUESTED BY:

Welmerink Law, P.C.
9432 Double R Blvd, Suite A
Reno, NV 89521

AFTER RECORDING MAIL TO:

Welmerink Law, P.C.
9432 Double R Blvd, Suite A
Reno, NV 89521

MAIL TAX STATEMENT TO:

THOMAS H. TORNGA, Trustee
TORNGA 1998 TRUST
PO Box 965
Zephyr Cove, NV 89448

AFFIDAVIT OF DEATH OF TRUSTEE

THOMAS H. TORNGA, Trustee of the TORNGA 1998 TRUST of legal age, being first duly sworn under oath, deposes and says:

1. The name of the trust to which this Affidavit applies is the TORNGA 1998 TRUST dated September 11, 1998, (the "Trust").
2. NANCY T. TORNGA, also known as NANCY THOMAS TORNGA, the Decedent mentioned in the certified copy of Certificate of Death attached as "**Exhibit A**", is the same person as NANCY T. TORNGA named as Grantor and Trustee in the TORNGA 1998 TRUST.
3. NANCY T. TORNGA died on February 11, 2024.
4. The initial Trustees of the trust were NANCY T. TORNGA and THOMAS H. TORNGA. Upon the death of NANCY T. TORNGA, then THOMAS H. TORNGA became the sole Trustee.
5. At the time of her death, the NANCY T. TORNGA was the record owner, as Trustee, of certain real property commonly known as 1927 Glenbrook Road,

EXHIBIT A

Certificate of Death of NANCY T. TORNGA

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

3052024030927

CERTIFICATE OF DEATH

3202438000728

| | | | | | | | |
|--|--|--|--|--|-----------------------------------|--|--|
| STATE FILE NUMBER | | USE BLACK INK ONLY FOR PRINTING, SIGNATURES OR ALL INFORMATION | | | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) NANCY | | 2. MIDDLE THOMAS | | 3. LAST (Family) TORNGA | | | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 05/29/1947 | | 5. AGE Yrs. 76 | | 6. SEX F | |
| 9. BIRTH STATE/FOREIGN COUNTRY CA | | 10. SOCIAL SECURITY NUMBER 0592 | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNK | | 12. MARITAL STATUS/SRDP (at Time of Death) MARRIED | |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE | | 14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 15. RACE CAUCASIAN | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) | |
| 17. USUAL OCCUPATION - type of work for most of life, DO NOT USE RETIRED HOMEMAKER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME | | 19. YEARS IN OCCUPATION 50 | | | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 1927 GLENBROOK RD | | | | | | | |
| 21. CITY GLENBROOK | | 22. COUNTY/PROVINCE DOUGLAS | | 23. ZIP CODE 89413 | 24. YEARS IN COUNTY 26 | 25. STATE/FOREIGN COUNTRY NV | |
| 26. INFORMANT'S NAME, RELATIONSHIP THOMAS TORNGA, SPOUSE | | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 965, ZEPHYR COVE, NV 89448 | | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST THOMAS | | 29. MIDDLE H. | | 30. LAST (BIRTH NAME) TORNGA | | | |
| 31. NAME OF FATHER/PARENT - FIRST GERALD | | 32. MIDDLE F. | | 33. LAST THOMAS | | 34. BIRTH STATE CA | |
| 35. NAME OF MOTHER/PARENT - FIRST ELIZABETH | | 36. MIDDLE A. | | 37. LAST (BIRTH NAME) ANDERSON | | 38. BIRTH STATE CA | |
| 39. DISPOSITION DATE mm/dd/yyyy 02/17/2024 | | 40. PLACE OF FINAL DISPOSITION RESIDENCE OF THOMAS TORNGA 1927 GLENBROOK RD, GLENBROOK, NV 89413 | | | | | |
| 41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | | | | |
| 43. LICENSE NUMBER | | 44. NAME OF FUNERAL ESTABLISHMENT KEATON'S MORTUARY | | 45. LICENSE NUMBER FD6 | | 46. SIGNATURE OF LOCAL REGISTRAR SUSAN PHILIP, MD MPH | |
| 47. DATE mm/dd/yyyy 02/15/2024 | | | | | | | |
| 101. PLACE OF DEATH CALIFORNIA PACIFIC MEDICAL CENTER - VAN NESS CAMPUS | | | | | | | |
| 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | | | | |
| 104. COUNTY SAN FRANCISCO | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1101 VAN NESS AVE | | | 106. CITY SAN FRANCISCO | | |
| 107. CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure unless following the etiology. DO NOT abbreviate. | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CHRONIC MYELOMONOCYTIC LEUKEMIA | | 108. IS THERE REMOTE CONTRIBUTION? MOS | | 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 112. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107 ACUTE RENAL FAILURE | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO | | 114. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Type of Amputation: _____ Decedent Last Seen Alive: _____ | | 115. SIGNATURE AND TITLE OF CERTIFIER ROBERT MICHAEL KLETT, MD | | 116. LICENSE NUMBER A104533 | | 117. DATE mm/dd/yyyy 02/14/2024 | |
| (A) mm/dd/yyyy 02/07/2024 | | (B) mm/dd/yyyy 02/11/2024 | | 118. TYPE OF ATTENDING PHYSICIAN'S STAFF: _____ MAKE SURE ADDRESS, ZIP CODE ROBERT MICHAEL KLETT, MD 601 VAN NESS AVE STE E3619, SAN FRANCISCO, CA 94102 | | | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | | | | | | |
| MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | | | |
| 122. INJURY (24 hours) | | | | | | | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | | | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | | | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | | | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | | | 127. DATE mm/dd/yyyy | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | A | | B | | C | |
| D | | E | | FAX AUTH.# | | CENSUS TRACT | |



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

FEB 21 2024

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



Susan Philip
SUSAN PHILIP, MD, MPH
HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT B

Legal Description:

Lot 42, of Glenbrook #1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on June 1st, 1977, as Document No. 9693.

APN: 1418-10-810-008

Address: 1927 Glenbrook Road, Glenbrook, NV 89413

