APN: 004-300-01

Recording Requested by: MICHAELSON & ASSOCIATES, LTD.

## AND WHEN RECORDED MAIL THIS TO:

Michaelson & Associates, Ltd. 2200 Paseo Verde Parkway, Suite 160 Henderson, NV 89052

Mail tax statements to:

Bina Hribik-Portello 4775 N. Tee Pee Lane Las Vegas, Nevada 89129 DOC # 0233437

07/17/2017 08:34 AM

Official Record

Recording requested By JOHN MICHAELSON LTD Eureka County

Eureka County - NV Lisa Hoehne - Recorder

Fee: **\$16.00** RPTT: Page 1 of 3 Recorded By: CH

Book- 603 Page- 0394



## CERTIFICATE OF INCUMBENCY

(Trustee)

I, Colomba M. Hribik-Portello, do hereby certify that I am the surviving grantor of the the Portello Living Trust dated September 28, 2012, and any amendments thereto, (herein "the Trust"). Edward Portello Sr., co-grantor and co-trustee, died on May 11, 2017, as evidenced in the attached Death Certificate. I certify that I am the current and incumbent Trustees of the Trust. I further declare that I have full power and authority granted by statute and under said Trust with respect to the following Trust Property located in Eureka County, State of Nevada:

Township 32 North, Range 48 East, M.D.M.

Section 05 ALL

Excepting therefrom all that portion of said land as Conveyed to Bell Telephone Company of Nevada by deed recorded January 12, 1942 in Book 22, Page 272, Deed Records, Eureka County Nevada.

SUBJECT TO ALL LIENS, ENCUMBRANCES, RESTRICTIONS, COVENANTS, EASEMENTS AND CONDITIONS OF RECORD.

Trustee's Addresses: 4775 N. Tee Pee Lane, Las Vegas, Nevada 89129

[SIGNATURE ON THE FOLLOWING PAGE]

WITNESS my hand on July 5, 2017 in the City of Henderson, County of Clark, State of Nevada.

GRANTOR: Colomba M. Hribik-Portello, Grantor and Trustee

Portello Living Trust dated September 28, 2012

### **NOTARY SUBSCRIPTION**

STATE OF NEVADA

: ss. )

COUNTY OF CLARK

On July 5, 2017, before me, the undersigned Notary, personally appeared Colomba M. Hribik-Portello, Grantor and Trustee, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

**NOTARY SEAL:** 

Notary: Heldler flexil

My Commission Expires: Feb 61, 2021

HEATHER RANCK NOTARY PUBLIC STATE OF NEVADA Appt. No. 05-94278-1 My Appt. Expires Feb. 1, 2021



# STATE OF NEVADA

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

CASE FILE NO. 3955932

CERTIFICATE OF DEATH

TYPE OR	STATE FILE NUMBER										
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)			2. DA				DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH			
PERMANENT	. Edw	ard		PORTELLO SR			May 1	11, 2017	1	Clárk	
BLACK INK	3b. CITY, TOWN, OR LOCATIO		OSPITAL OR OTH	ER INSTITUTION -I	Name(If not		street an 3e.If Ho	sp. or Inst. indica	ite DOA,OP/En		X
	Las Vegas		4775 North Tee Pee Lane				Inpatien	nt(Specify)	Home Male		
DECEDENT	5. RACE (Specify)						b UNDER 1 YE			E OF BIRTH (Mo/D	
	1 ''	hite	No - Non-His		(Years)		MOS   DAYS	HOURS	MINS		
IF DEATH	9a. STATE OF BIRTH (If not US		NOE MANAT COLIN	UTDV 40 EDUCATI	ON 11 MAR	83	(Specify) 12.5	SURVIVING SPOUS	E'S NAME (Loct n	July 08, 1933	
OCCURRED IN INSTITUTION SEE	name country) New Jersev		CITIZEN OF WHAT COUNTRY 10.EDUCATION United States 13			Married			Colomba GAGLIOLO		
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER		a. USUAL OCCUPATION (Give Kind of Work D			one During Most of 14b. KIND OF BUSI			NESS OR INDUSTRY Ever in US Armed		
COMPLETION:OF				General Co	-			The same of the sa	Construction Forces? No		
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c. C	CITY, TOWN OR LO		15d. STRE	ET AND NUMBI			15e, INSIDE C	ZITY
	Nevada	Clark		Las Vega		4775 N	lorth Tee P	ee lane	\ \	LIMITS (Special or No) N	
	16. FATHER/PARENT - NAME	Suffix)	Las Vegas 4775 North Tee Pee L								
PARENTS	James PORTELLO Rose GIORDANO										
	18a. INFORMANT- NAME (Type	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)									
	Colomba PORTELLO 4775 North Tee Pee Lane Las Vegas, Nevada 89129							29			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town								76.	la.	
ISPOSITION	Entombr			Palm Va			ry	l l	•	Nevada 89123	2
	20a. FUNERAL DIRECTOR - SI	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)   20b. FUNERAL DIRECTOF   20c. NAME AND ADDRESS OF FACILITY									
	CELENA DILULLO LICENSE NUMBER Palm Mortuary-Eastern										
$\mathcal{F}_{i} = \mathcal{F}_{i}$		URE AUTHENTIC	ATED	FD86	2		7600 \$	S Eastern Las	Vegas NV	89123	
RADE CALL	TRADE CALL - NAME AND ADD				1						
	고 21a. To the best of my kn 로 한 to the cause(s) stated.(Si	owledge, death occur	red at the time, da	te and place and du AUTHENTICATE	e a 2			n and/or investigati lue to the cause(s)			
	o to the cause(s) stated.(3)	SHARON E R		HOTHENTICATE	leted by	t the time, da	te and prace and d	ue to the cause(s)	stated. (Signat	ure & Title)	
CERTIFIER	21b. DATE SIGNED (Mo		1c. HOUR OF DE	ÁTH	0.0	22b. DATE	SIGNED (Mo/Day	y/Yr)	22c. HOUR C	F DEATH	
	S May 16, 2017		03:55								
								22e. PRONO	UNCED DEAD AT	(Hour)	
·											
		ON E Ruch MD									
	24a. REGISTRAR (Signature)		CY BARRY				BY REGISTRAF	R J24c DEA	THIDHE TO C	OMMUNICABLE D	ISEASE
REGISTRAR	,		AUTHENTICAT	76	(Mo/Day/Yr	Λ	y 16, 2017		YES $\square$	NO X	102,102
CAUSE OF	25. IMMEDIATE CAUSE				ID (c) )	1010	19 10, 2017		· LJ	بحيا	d doath
DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART I (a) End Stage Cardiac Disease With Congestive Heart Failure										
DEATH	DUE TO, OR AS A CONSEQUENCE OF:									d death	
CONDITIONS IF ANY WHICH					- 1				1 1110146	ii between onset an	u dealii
GAVE RISE TO	DUE TO, OR A	AS A CONSEQUENC	F OF		<del>-/</del>	<del></del>			i interve	l hotween enset an	d doath
IMMEDIATE CAUSE	DUE TO, OR AS A CONSEQUENCE OF:									d dealii	
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF:										nd death
CAUSE LAST	(d)										
/	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 26 AUTORSY (Specifiz) WAS CASE										
/	lv									REFERRED TO CO	۰.
/ /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY	(Mo/Day/Yr)	28c. HOUR OF INJUF	RY   28d. E	DESCRIBE HO	W INJURY OCCUR	RRED	NO		"Yes
	OR PENDING INVEST. (Specify)										_
1	_										14
	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF IN- building, etc. (Spec	JURY- At home, far ify)	rm, street, factory, o	office 28g.	LOCATION	STREET	OR R.F.D. No.	CITY OR TO	S S	TATE
LOCAL REGISTRAR											$\neg \neg$
\ \	\	/	/	*							

07/17/201 Page: 396 Page: 3 of 3 "CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



DATE ISSUED:

MAY 2 3 2017

Registrar of Vital Statistics

07/17/2017

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar. SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas , NV 89127 • 702-759-1010 • Tax ID # 88-0151573