

APN: 004-300-01

**Recording Requested by:  
MICHAELSON & ASSOCIATES, LTD.**

**AND WHEN RECORDED MAIL THIS TO:**  
Michaelson & Associates, Ltd.  
2200 Paseo Verde Parkway, Ste. 160  
Henderson, NV 89052

EUREKA COUNTY, NV	<b>2021-246519</b>
Rec:\$37.00	
\$37.00 Pgs=3	11/08/2021 01:40 PM
MICHAELSON AND ASSOCIATES	
LISA HOEHNE, CLERK RECORDER	

**Mail tax statements to:**  
Colomba M. Hribik-Portello  
4564 Townview Dr.  
Las Vegas, NV 89129

**CERTIFICATE OF INCUMBENCY**  
(Trustee)

I, Colomba M. Hribik-Portello, do hereby certify that I am the Incumbent and Surviving Trustee of 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 further declare that I have full power and authority granted by statute and under said Trust with respect to the following Trust Property:

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: 4564 Townview Dr., Las Vegas, NV 89129

[SIGNATURE ON THE FOLLOWING PAGE]

WITNESS my hand on November 4, 2021.

TRUSTEE: Colomba M. Hribik-Portello  
Colomba M. Hribik-Portello, Trustee

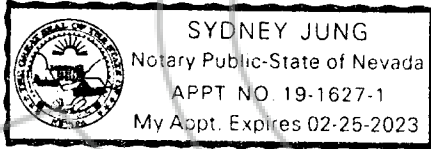
**NOTARY SUBSCRIPTION**

STATE OF NEVADA                    )  
  ): ss.  
COUNTY OF CLARK                )

On November 4, 2021, before me, the undersigned Notary, personally appeared Colomba M. Hribik-Portello, as 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:

Sydney Jung  
Notary Public, State of Nevada



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2017009046  
STATE FILE NUMBER

CASE FILE NO. 3955932

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) <b>Edward PORTELLO SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 11, 2017</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) <b>4775 North Tee Pee Lane</b>		3e. If Hosp or Inst indicate DOA, OP/Emer. Rm Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. HISPANIC OR LATINO <b>No - Non-Hispanic</b>	
7. AGE, Last birthday (Years) <b>83</b>		8. UNDER 1 YEAR MOS DAYS		9. UNDER 1 DAY HOURS MINS	
10. DATE OF BIRTH (Mo/Day/Year) <b>July 08, 1933</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Colomba GAGLILO</b>	
13. SOCIAL SECURITY NUMBER <b>██████████ 1975</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>General Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Custom Home Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>4775 North Tee Pee Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James PORTELLO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose GIORDANO</b>		
18a. INFORMANT - NAME (Type or Print) <b>Colomba PORTELLO</b>		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>4775 North Tee Pee Lane Las Vegas, Nevada 89129</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Entombment</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Valley View Cemetery</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89123</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CELENA DI LULLO</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD902</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123</b>	
21. 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) <b>SIGNATURE AUTHENTICATED SHARON E RUCH MD</b>		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) <b>May 16, 2017</b>		21c. HOUR OF DEATH <b>03:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sharon E Ruch MD 10620 Southern Highlands Pkw Las Vegas, NV 89141</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sharon E Ruch MD 10620 Southern Highlands Pkw Las Vegas, NV 89141</b>		23b. LICENSE NUMBER <b>12553</b>			
24a. REGISTRAR (Signature) <b>NANCY BARRY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 16, 2017</b>		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))		Interval between onset and death			
PART I (a) <b>End Stage Cardiac Disease With Congestive Heart Failure</b>		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) <b>NO</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

LOCAL REGISTRAR

"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



412843

Registrar of Vital Statistics

DATE ISSUED: **MAY 23 2017**  
By: *[Signature]*  
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

