

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	2021-246519
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

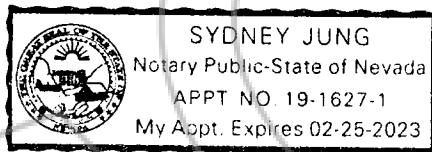
NOTARY SUBSCRIPTION

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:


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) Edward PORTELLO SR		2. DATE OF DEATH (Mo/Day/Year) May 11, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and city) 4775 North Tee Pee Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. HISPANIC OR LATINO No - Non-Hispanic	
7. AGE (Last birthday) 83		8. UNDER 1 YEAR MOS		9. UNDER 1 DAY DAYS	
10. DATE OF BIRTH (Mo/Day/Year) July 08, 1933		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Colomba GAGLILO	
9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER 1975		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) General Contractor		14b. KIND OF BUSINESS OR INDUSTRY Custom Home Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 4775 North Tee Pee Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) James PORTELLO	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose GIORDANO		18a. INFORMANT - NAME (Type or Print) Colomba PORTELLO		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 4775 North Tee Pee Lane Las Vegas, Nevada 89129	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment		19b. CEMETERY OR CREMATORY - NAME Palm Valley View Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89123	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CELENA DILULLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD802		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
21. TRADE CALL - NAME AND ADDRESS					
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) SIGNATURE AUTHENTICATED SHARON E RUCH MD					
21b. DATE SIGNED (Mo/Day/Yr) May 16, 2017		21c. HOUR OF DEATH 03:55		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sharon E Ruch MD 10620 Southern Highlands Pkw Las Vegas, NV 89141		23b. LICENSE NUMBER 12553	
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2017		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) End Stage Cardiac Disease With Congestive Heart Failure					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

By: *[Signature]*

DATE ISSUED: **MAY 23 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

