Recording Requested By: When recorded mail document to: NAME **ADDRESS** CITY STATE & ZIP

EUREKA COUNTY, NV LAND-DTR Rec:\$37.00 Total:\$37.00 ANTHONY J. TOGNONI

2024-251689 02/20/2024 03:40 PM Pgs=18



KATHERINE J. BOWLING, CLERK RECORDER

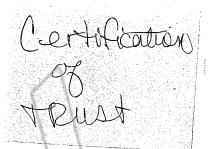
Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF TRUSTEE

| State of Nevada Eureka County of | |
|--|-----------------|
| Anthony J. Tognoni, of legal age, being first duly sworn, deposes and says: | |
| 1. See exhibit # , the decedent mentioned in the attached certified copy of C | Certificate of |
| Death, is the same person harried as Trustee in the contain Debiaration of Trust dates | 002 |
| | rustor(s). |
| 2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by | / a deed |
| recorded on October 4 2002 , as instrument No. 500 exhibit B , in the | he Official |
| Records of | perty |
| situated in the said County, State of Nevada: | |
| | |
| 3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pure | suant to the |
| deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trust | |
| O_{4} | |
| Dated 2/20/24 Contrary Lograny | _ |
| | |
| A notary public or other officer completing this certificate verifies only the identity of the individual who signed the | |
| document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. | |
| the truthuness, accuracy, or validity of that document. | |
| State of Nevada | |
| County of EUREKA) | |
| SUBSCRIBED AND SWORN TO (or affirmed) before me on this | vidanaa ta ba |
| the persons(s) who appeared before me. | vidence to be |
| | |
| (Seal) BRANDY MAH | ONEY |
| Notary Signature Notary Signature Notary Public - State Appointment Recorded in I | Eureka County |
| No: 22-1005-08 - Expires Sep | tember 15, 2026 |

EXHIBIT A

| Angelo Tognoni Emilia Tognoni Cecile F. Johnston Anthony J. Tognoni Carmen M. Flangas | |
|---|-----|
| Emilia Tognoni | \ \ |
| Cecile F. Johnston | \ \ |
| Anthony J. Tognoni | \ |
| Carmen M. Flangas | |
| V | |
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CERTIFICATION OF TRUST AGREEMENT (Nevada Revised Statutes 164.400 through 164.440)

| STATE OF NEVADA |) - |
|------------------|------|
| |)ss: |
| COUNTY OF WASHOE |) |

Angelo Tognoni, Cecile F. Johnston, Anthony J. Tognoni and Carmen M. Flangas, being first duly sworn, under penalty of perjury, depose and say:

- 1. Angelo Tognoni and Emilia Tognoni are the Trustors and Angelo Tognoni, Cecile F. Johnston, Anthony J. Tognoni and Carmen M. Flangas are the acting Trustees of that certain Trust Agreement dated August 7, 2002, as amended and restated by the First Amendment to and Restatement of the Trust Agreement for the Angelo Tognoni and Emilia Tognoni Trust dated October 4, 2002 ("Trust Agreement").
- 2. The trust created by that Trust Agreement is known as "The Angelo Tognoni and Emilia Tognoni Trust" (the "Trust").
- 3. Attached to this certification is a true copy of the entire Trust Agreement as amended and restated in full by the First Amendment to and Restatement of The Angelo Tognoni and Emilia Tognoni Trust dated October 4, 2002, (including the Powers of Trustee listed on pages 19 through 25 and the signature pages showing our signatures), except for Articles 7 through 12, inclusive.
- (a) The provisions of Articles 7 through 12, inclusive, are personal to the Trustors and relate to the distribution of the trust estate after the death of each Trustor.
 - (b) Such provisions do not modify or affect the Powers of the Trustees.
 - 4. Title to the Trust's assets are held as follows:

Angelo Tognoni, Cecile F. Johnston, Anthony J. Tognoni and Carmen M. Flangas, as Trustees, or the successor Trustees, of The Angelo Tognoni and Emilia Tognoni Trust under trust agreement dated August 7, 2002, as amended.

5. The tax identification number of the Trust is

//

11

6. As of the date of this certification, The Angelo Tognoni and Emilia Tognoni Trust has not been revoked or amended to make any representations contained in this certification incorrect.

DATED this 4th day of October, 2002.

| angely Trognow: | 1 |
|---------------------------------------|---|
| ANGELO TOGNONI | |
| Acting Trustee | |
| Celle F. Johnston | - |
| CECILE F. JOHNSTON | |
| Acting Trustee | |
| Anthony L. Lognoni Anthony J. Tognoni | |
| ANTHON J. TOGNONI | |
| Acting Trustee | |
| Carmen M. Henga | 2 |
| CARMEN M. FLANGAS | _ |
| Acting Tructee | |

SUBSCRIBED and SWORN to before me by Angelo Tognoni, Anthony J. Tognoni, and Carmen M. Flangas this 4th day of October, 2002

Claudia K. Chambers, Notary Public in and for said County and State



STATE OF NEVADA)
)ss:
COUNTY OF EUREKA)

On Lt. /7, 2002, personally appeared before me Cecile F. Johnston, personally known to me or who's identity I verified on the basis of through to be the signer of the above and she acknowledged that she signed it.

Notary Public, in and for the County of Eureka, State of Nevada THIS FIRST AMENDMENT TO AND RESTATEMENT OF THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST has been accepted and executed by the Trustors and Trustees in the State of Nevada on this 4^{th} day of October, 2002.

| In the presence of: | \ \ |
|---|---|
| Many Stander | lingela Tognow |
| Witness | ANGELO TOGNONI |
| | Smilia Toenom |
| Witness | EMILIA TOGNONI |
| | "Trustors" |
| | |
| | angelo Tognomi |
| | Angelo Tognoni, Trustee |
| | |
| | La saile A Julianta |
| | Cecile F. Johnston, Prustee |
| | Ceche F. Johnston, 4 rustee |
| | anthony lognon |
| / / | Anthony J. Tognoni, Trustee |
| | |
| | Carmen M. Hayas |
| | Carmen M. Flangas, Trustee |
| |] .] |
| STATE OF NEVADA) | |
|)ss. COUNTY OF WASHOE) | |
| | |
| This instrument was acknowledged before | e me on October 4, 2002, by Angelo Tognoni and |
| Emilia Tognoni, and Anthony J. Tognoni. | e me on October 4, 2002, by Angelo Tognoni and and Carmen M. Flangas. |
| CKC | |

Claudia Kyrie Chambers, Notary Public

My Commission Expires: <u>ologlo 6</u>

CLAUDIA KYRIE CHAMBERS Notary Public - State of Nevada

Appointment Recorded in Washoe County No: 97-1963-2 - Expires January 9, 2006

STATE OF NEVADA)ss: COUNTY OF EUREKA (L) ct. / 7, 2002, personally appeared before me Cecile E. Johnston, personally known to me or who's identity I verified on the basis of Kersonelly Tuown, to be the signer. of the above and she acknowledged that she signed it. MARYJO CASTANEDA NOTARY PUBLIC STATE OF NEVADA pot. Recorded in EUREKA COUNTY My Appt. Expires June 25, 2005 No: 97-2687-8 Notary Public, in and for the County of Eureka, State of Nevada

DEPARTMENT OF HEALTH AND HUMAN SERVICES

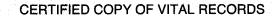
DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2011015798

| TYPE OR | | | | | 4.1 | | | | | S | TATE FIL | E NUMBE | R | |
|--------------------------|---|----------------------|----------------------|---------------------------------------|--|-----------------------------|--|---|--|-------------|---------------------------------------|----------------|------------|-----------------|
| PRINTIN | 1a. DECEASED-NA | ME (FIRST, MIDDL | E,LAST,SUFFIX) | | | * 1 | 2. | DATE OF | DEATH | Mo/Day/Yo | ear) | 3a. COUN | TY OF DEA | TH |
| PERMANENT | Cecile F | JOHN | ISTON | | | | | Oct | tober 04 | 1, 2011 | 1 | 1 | Eureka | a |
| BLACK INK | 3b. CITY, TOWN, O | | | TAL OR OTHER | R INSTITUTION | -Name(If not e | ither, aive s | | | | icate DO | A,OP/Emer | | SEX |
| | | | and numbe | ır) | | 3 | , 5 | In | patient(Sp | ecify) | 1 | | · 1 | |
| DECEDENT | | ureka | | | 351 S Spri | | | | | | Home | _ | | Female |
| | 5. RACE White | | | . Hispanic Orig | | 7a. AGE-Las birthday (Ye | | | 1 YEAR DAYS | 7c, UNDER | R 1 DAY | 8. DATE | OF BIRTH (| vlo/Day/Yr) |
| | (Specify) | | | No - Non-Hisp | Danic | Diffically (16 | 71 | MUS | DATS | HUUKS | MINA | l M | arch 23. | 1940 |
| IF DEATH | 9a. STATE OF BIRT | 'H (If not U.S.A. | 9b. CITIZEN OF | WHAT COUNT | TRYI10.EDUCA | TION 11. MAR | | ER MARR | IED. WID | OWED. | 12. SUR | VIVING SE | OUSE (if w | ife, give |
| OCCURRED IN | name country) | Nevada | | d States | 12 | | ED (Specify | | | | maiden | | , | |
| INSTITUTION SEE HANDBOOK | 13. SOCIAL SECUR | | 14a. USUAL OC | | 1 '- | | | - AT | The state of the s | INESS OF | INDUST | TRY | Ever in | US Armed |
| REGARDING | 13. SOCIAL SECON | TT NOMBER | Working Life, Ev | | | mplovee | d | | | ates Po | | | Forces? | |
| COMPLETION OF RESIDENCE | 15 55055105 | DW475 45 0 | | | | | laca orr | REET AN | | | star oe | IVICE | 15e. INS | |
| ITEMS | 15a. RESIDENCE - | STATE 156. CO | DUNTY | 15c, CH | TY, TOWN OR | LOCATION | 1750. \$11 | REELANI | NOWRE | K | | | LIMITS (| Specify Yes |
| _ | Nevada | a . | Eureka | | Eurek | (a | 351 S | Spring | St. | | Tables . | | or No) | Yes |
| | 16. FATHER/PARE | VT - NAME (First N | Aiddle Last Suffi | x) | The second secon | 17. MC | OTHER/PAR | RENT - NA | ME (Fire | t Middle | Last Su | ffix) | | |
| PARENTS | | | elo TOGNO | | A | | Contract to | 75% | En | nilia SE | EGUR | Α | | No. |
| | 18a. INFORMANT- | | | | B. MAILING AD | INDESS (SH | reet or R F C | No City | or Town | State Zin | · · · · · · · · · · · · · · · · · · · | | — | -34 |
| | TOOL HAT ORIVING | Tom JOHNS | | | D. WEILING AL | DILLOC (OR | | | | Nevada | | | - No. 1 | 7/4 |
| | | | 195.41 | mann to the | er de Caronina | | - Nicks - 1 | UX 247 1 | Luicka, | | | | - 1 | |
| DIODOGITION | 19a. BURIAL, CREM | | ., OTHER (Specify | 19b. CEMETE | | | | 1 | 22.0 | 19c. LOC | | City or T | | le . |
| DISPOSITION | | Cremation | g Marine | #210ML 122 | , P | unset Crem | alory | 9-99 | | 1 | Elk | o Nevad | ia 89803 | \sim \sim |
| | 20a. FUNERAL DIR | ECTOR - SIGNATU | RE (Or Person Ac | ting as Such) | 20b. FUNER | | 20c. NAME | AND ADD | | | | | | ~ |
| | | JASON I | MUTH | | DIRECTOR L | 762 | 11/25 | | E | iums Fu | neral H | lome | | |
| | | SIGNATURE | AUTHENTICATI | : D- | 29 | 98 | | | PO E | OX 689 | Elko N | 4V 8980: | 3 | |
| TRADE CALL | TRADE CALL - NAM | | | *** | | | | | 100 | 21 868 | | | | |
| | | est of my knowledg | e death occurred | at the time, date | e and place and | 1 ≧ 2 | 2a. On the b | asis of ex | amination | and/or inv | estigation | n. in my opi | nion death | occurred at |
| | | use(s) stated. (Sign | | at 0.00 00, date | | 9 U t | e time, date | | | | | | | |
| | Y Sign | | | , I., | | Completed NER'S OFFICE | ENNET | HEJ | ONES | | | SIGNATU | RE AUTH | ENTICATED |
| CERTIFIER | E 21b. DATES | SIGNED (Mo/Day/Yr |) 21c. l | HOUR OF DEA | TH | E ŏ 2 | 2b. DATE S | IGNED (N | /lo/Day/Yr |) section 1 | 22c. l | HOUR OF | DEATH | |
| | 8 2 | | | 5.7 | | 8 💆 | N Oc | ctober 0 | 7, 201 | e e en gade | | | 15:05 | |
| | 8 € 21d NAME | OF ATTENDING PH | YSICIAN IF OTHE | R THAN CERT | IFIER | To Be | 2d. PRONC | DUNCED I | DEAD (Mo | /Day/Yr) | 22e. i | PRONOUN | CED DEAD | AT (Hour) |
| | P (Type or Prin | | / / | | . A. | _ P 8 _ | Oc | ctober 0 | 4. 201 | | | | 15:15 | |
| | 23a, NAME AND AD | DRESS OF CERTI | FIER (PHYSICIAN | ATTENDING F | PHYSICIAN ME | DICAL EXAMI | The state of the s | | 780 | | 23 | 3b. LICENS | E NUMBER | |
| | ZOG. HAMIL AND AL | | roner Kenneth | | | | | | | | 9 E | | | |
| | 24a. REGISTRAR (| Signature) ** | TENEL LE | ENGLISH | | 24b. DATE | RECEIVED (| BY REGIS | TRAR | 1246. D | EATH DU | JE TO CON | MUNICABI | E DISEASE |
| REGISTRAR | | Shira Rainnian | | ENGLISI | 2.34 () | (Mo/Day/Yr) | Contract to the second | ber 12. | 8152 A A SE | | YES | | NO X | |
| | | 1.00 | SIGNATURE AU | | transfer de la companya del companya del companya de la companya d | | CGLO | OQL 14, | 20 | | 120 | | | |
| CAUSE OF | 25. IMMEDIATE CA | | TER ONLY ONE C | | E FOR (a), (b), | AND (c).) | | 783 | 767 | 2.5 | • | | | et and death |
| DEATH | PARTI (a) K | idney and B | ladder Can | cer | | | | | | | | Unkno | wn | |
| | DL | JE TO, OR AS A CO | ONSEQUENCE OF | . As a | | | | 37.34 | | | | Interval b | etween ons | et and death |
| CONDITIONS IF | //-> | 132 | | | Haria da Santa | | | - [24] | | | i | | | |
| ANY WHICH | (b) | UE TO, OR AS A CO | ONSCONENCE OF | · · · · · · · · · · · · · · · · · · · | <u> </u> | | - (- (- | e gladina. | No. | | | Interval b | | et and death |
| GAVE RISE TO | | UE TO, OR AS A C | ONSEQUENCE OF | | | 7000 | | * -41 | | | | intervario | etweemons | et and deau |
| CAUSE -> | (c) | | | | | The same of the same | | . ~ | | | | | | |
| STATING THE UNDERLYING | DU | JE TO, OR AS A CO | DISEQUENCE OF | 1 | | rgi 🖊 Naj | | 4.44 | 24 | | | Interval t | etween ons | et and death |
| CAUSE LAST | (d) | | | 74.00 | | and the second | / | الله الله الله الله الله الله الله الله | | | | | | |
| / | | IGNIFICANT COND | ITIONS-Conditions | s contributina to | death but not | esulting in the | underlyina c | ause give | n in Part | . 26 | B. AUTOF | PSY | 27. WAS CA | SE REFERRED |
| / | EART II | | - No. | | | | | | | | | s or No) No | TO CORON | ER (Specify Yes |
| | | | | No. | - % <u>- 18 </u> | | -014 1 1 1 - | | | | | No | or No) | Yes |
| | 28a. ACC., SUICIDE, H OR PENDING INVEST. | | DATE OF INJURY (Mo | /Day/Yr) | 28c. HOUR OF IN | JURY 28d. D | ESCRIBE HO | W INJURY | OCCURRE |) | | | | |
| | OR FENDING INVEST. | (opecity) | | | | | | | | | | | | |
| | 28e. INJURY AT W | ORK (Specify 28f. | PLACE OF INJUR | Y- At home, fam | n, street, factor | y, office 28a. | LOCATION | STI | REET OR | R.F.D. No. | CIT | Y OR TOV | /N | STATE |
| | Yes or No) | build | ling, etc. (Specify) | N | | | | | | | | | | |

STATE REGISTRAR

VRS-Rev-20110104



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DATE ISSUED:

10/14/2011

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SIGNATURE AUTHENTICATED



(STATE OF NEVADA) CERTIFICATION OF VITAL RECORD

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

| | NO. 4085487 | | CERTIFICA | VIE OF DEATI | | | 011027 E NUMBER |
|-----------------|---|--|--|--|--|---|---|
| ı / 1a. | DECEASED-NAME (FIRST,MI | The state of the s | | A CONTRACTOR OF THE CONTRACTOR | 2. DATE OF DEATH (Mo | /Day/Year) 3a. | COUNTY OF DEATH |
| rt i | Carmen Carmen | | | INGAS | June 04, 20 | | Washoe |
| - L | CITY, TOWN, OR LOCATION O | OF DEATH 3c. HOSP number) | | UTION -Name(If not either, ns Creek Drive | give street an 3e.If Hosp. or I Inpatient(Spec | | P/Emer. Rm. 4. SEX Female |
| 5. F | RACE (Specify) Whit | e . | 6. Hispanic Origin? Speci No - Non-Hispanic | (Years) | MOS DAYS HO | UNDER 1 DAY 8. | DATE OF BIRTH (Mo/Day/Yr) March 07, 1934 |
| e nan | STATE OF BIRTH (If not US/C/ ne country) Nevada | Unite | d States | DUCATION 11. MARITAL ST Ma 15 | | John A F | ast name prior to first marriage) LANGAS |
| | SOCIAL SECURITY NUMBER | | REGISTERE | | M | ESS OR INDUSTRY EDICAL | Forces? No |
| | Nevada | Washoe | R | eno 66 | STREET AND NUMBER 56 Evans Creek Dri | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| 16. | FATHER/PARENT - NAME (FI | st Middle Last Suff emando SEGU | and the same of th | NZ MOTHE | R/PARENT - NAME (First I | Middle Last Suffix) na HERRER | |
| 18a | a. INFORMANT- NAME (Type or John A Fl | 100 p. 34 pt. | 18b. MAILI | A CONTRACT OF THE PARTY OF THE | r R.F.D. No, City or Town, St Varis Creek Drive Rer | 1 | 19 |
| 19a N | BURIAL, CREMATION, REMO Cremation | | 196. CEMETERY OR | CREMATORY - NAME Sierra Crematory | til kommune merende fra falle til som er at 💇 | | ity or Town State Nevada 89503 |
| 20a | n. FUNERAL DIRECTOR - SIGN MICHAE | ATURE (Or Person Ad | | SE NUMBER | NAME AND ADDRESS OF F Walton's Funeral | | - Sierra Chapel |
| LL TR | SIGNATU ADE CALL - NAME AND ADDRI | RE AUTHENTICAT | ED · | FD885 | 875 West S | econd St Reno | NV 89503 |
| Completed by | 21a. To the best of my know to the cause(s) stated.(Sign 21b. DATE SIGNED (Mo/D): June 04, 2019 | eture & Title) S ELLE L BROG | IGNATURE AUTHEN | TICATED Güntheli | ithe basis of exemination and/or me, data and place and due to the DATE SIGNED (Mo/Day/Yr) | ne cause(s) stated. (S | |
| To B# | E 21d. NAME OF ATTENDIN | G PHYSICIAN IF OTH | ER THAN CERTIFIER | 22d. I | PRONOUNCED DEAD (Mo/D | ary/Yr) 22e. PR | ONOUNCED DEAD AT (Hour) |
| L | a. NAME AND ADDRESS OF C | | | St Reno, NV 89502 | Section of the sectio | | LICENSE NUMBER 6000 |
| R 248 | a. REGISTRAR (Signature) | 717, 777, | STEBBINS THENTICATED | 24b: DATE RECI (Mo/Day/Yr) | LIVED BY REGISTRAN | 24c. DEATH DUE | TO COMMUNICABLE DISEASE NO NO |
| T. 14. | . IMMEDIATE CAUSE ART I (a) Acute on C | (ENTER ONLY ONE C hronic systolic | ause per line for (¿ c heart failure | a), (b), AND (c).) | | j jr | iterval between onset and death |
| | | a consequence of rotic Cardiova | r: ascular Disease | | | tr | iterval between onset and death |
| > | DUE TO, OR AS (c) Hypertens | A CONSEQUENCE O | F: | | | | terval between onset and death |
| | DUE TO, OR AS | A CONSEQUENCE O | | | | i li | nterval between onset and death |
| PA | RT II OTHER SIGNIFICANT C | ONDITIONS-Condition | s contributing to death bu | It not resulting in the under | lying cause given in Part 1. | 26. AUTOPS) (Specify Yes | |
| 28a OR | a. ACC., SUICIDE, HOM., UNDET. PENDING INVEST. (Specify) | 28b. DATE OF INJURY (M | o/Day/Yr) 28c, HOUI | R OF INJURY 28d, DESCF | RIBE HOW INJURY OCCURRED | | NO 1 Yes |
| 1 | | 200 | | Land to the Land of A. | Mark San Committee Committ | | |





DATE ISSUED:

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.

2/8/2024

STATE REGISTRAR

Ordyd Rinney

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





PARTMENT OF HEALTH AND HUMAN SERVICES

RAL HEALTH

| | | CIII AND II |
|-----------------------|--|-----------------|
| | DIVISION OF PUBLIC | AND DELLAVIC |
| | DIVISION OF PUBLIC | , AND BEHAVIO |
| | VITA | L STATISTICS |
| | / VIIA | LAIMHAILCA |
| | | 그러워 아이 스위에 가셨다. |
| | 10 min 1 min | |
| and the second second | 14 A 15 A | 4.4 4 4.4 |

CERTIFICATE OF DEATH **CASE FILE NO. 3645695** 2012004858 STATE FILE NUMBER 1a. DECEASED-NAME (FIRST MIDDLE LAST SUFFIX 2. DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH Emilia Segura **TOGNONI** February 24, 2012 Washoe 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 3e.If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4 SFX number) Regent Care Center of Reno Reno Female RACE (Specify) 7a, AGE-Last birthda 7b, UNDER 1 YEAR 7c, UNDER 1 DAY 6. Hispanic Origin? Specify 8. DATE OF BIRTH (Mo/Day/Yr) No - Non-Hispanic MOS (Years) White 93 February 25, 1918 96. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Widowed 9a. STATE OF BIRTH (If not US/CA, name country) Spain **United States** 9 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed **HOMEMAKER OWN HOME** Forces? No 15e. INSIDE CITY LIMITS (Specify Y or No) Yes 15e. RESIDENCE - STATE 15b. COUNTY 15c, CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Washoe 555 Hammil Lane Yes Nevada Reno 16. FATHER/PARENT - NAME (First Middle Last Suffix) 7. MOTHER/PARENT - NAME (First Middle Last Suffix) Fernando SEGURA Valentina HERRERA 18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Anthony TOGNONI 838 Alena Way Sparks, Nevada 89441 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME City or Town **Eureka Catholic Cemetery** Eureka Nevada 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LICENSE NUMBER KENNETH BOWMAN Mountain View Mortuary 806 425 Stoker Ave Reno NV 89503 SIGNATURE AUTHENTICATED TRADE CALL 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) SIGNATURE AUTHENTICATED 22a. On the basis of examination and/or investigation, in my opinion death occurred to the cause(s) stated (Signature & Title) SIGNATU
KELLE BROGAN MD at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) **CERTIFIER** 21c. HOUR OF DEATH 22c. HOUR OF DEATH March 22, 2012 23:55 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 은 등 (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN), ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER Kelle Brogan MD 429 Elm Street Reno, NV 89503 6000 24a. REGISTRAR (Signature) 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE SANDI BRIDGES (Mo/Day/Yr) April 02, 2012 YES | NO X SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE CAUSE OF (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death PART I Debility DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Vascular dementia ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Hypertension. DUE TO, OR AS A CONSEQUENCE OF interval between onset and death PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Heart failure, chronic obstructive pulmonary disease 28. AUTOPSY 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No 28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo/Day/Yr) 28c, HOUR OF INJURY 28d, DESCRIBE HOW INJURY OCCURRED



PRINT IN

PERMANENT

BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF

PARENTS

DISPOSITION

REGISTRAR

DEATH

ONDITIONS IF



DATE ISSUED:

28e. INJURY AT WORK (Specify

CERTIFIED COPY OF VITAL RECORDS

28g. LOCATION

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.

28f. PLACE OF INJURY- At home, farm, street, factory, office

STATE REGISTRAR

Codyd Phinipy

STREET OR R.F.D. No.

CITY OR TOWN

2/8/2024

uilding, etc. (Specify)

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



STATE



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

| LOCAL FILE NUMBER DECEASED—NAME First | Middle 115 | | | STATE FILE NUMBER |
|---|--|--|--|--------------------------------|
| | | Last | DATE OF DEATH (Month, Day, Year) | COUNTY OF DE |
| CITY, TOWN OR LOCATION OF D | Charles EATH THOSPITAL OR OTH | TOGNONI ER INSTITUTION—Name (If not either, give | ² April 24, 2003 | 3a. Wa |
| OL | | | Rm. Innetient (Specify | tte DOA, OP/Emer. SEX |
| RACE—(e.g., White, Black, America Indian, etc.) (Specify) | n Was Decedent of Hispanic O | Summit Ridge Drive | e #119 3e. Last <u>UNDER 1 YEAR UNDER 1 D</u> | 4. |
| indian, etc.) (Specify) 5. White | specify Mexican, Cuban, Pue 6. | 1 . | , man , mill 1100110 16 | IINS |
| STATE OF BIRTH | CITIZEN OF WHAT COU | 7a. N- Decedent's Education. Specify higher | 84 7b. 7c. : | 8. June 26 |
| (If not U.S.A., name country) 9a. : Nevada | 9b. U.S.A | grade completed. | WIDOWED, DIVORCED | SURVIVING SPOUSE (If wife, |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (G | She Kind of Work Done Durley Mark of | KIND OF BUSINESS OR INDUSTRY | 12. Emilia Seg |
| 13. | Working Life, Even if Retin | red) | | |
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| | 15b. Eureka | 150. Paradas | | (Specify Yes o |
| FATHER—NAME First | Middle | Last Fureka | | e St. 15e. S Middle Las |
| 16. Givanni | Antonio | Toghens in | l landing | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS | Bernadine (Street or R.F.D. No., City or Town, | Cav State, Zip) |
| 18a. Anthony | Tognoni | 186 2509 18ch | Street; Sparks, Neva | ** |
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| FUNERAL DIRECTOR—SIGNATURE (Or Payed) Acting as Such) | FUNERAL LICENSE | LEURESCOR "I NAME AND ADDRESS OF | | Eureka, Nevad |
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| ≥ 21a. To the best of my knowled | dge, dealty occurred at the time, | The second secon | Second Street; Reno 224. On the basis of examination end/or inve- at the time, date and place and due to the | Nevada 895 |
| Signature and Title) | 14-10 | Flyi is | | he cause(s) and manner state |
| DATE SIGNED (Mo., Day | _ # # U | 1 X 14 | DATE SIGNED (Mo., Day, Yr.) | OUR OF DEATH |
| 8 21b. 4 6 | 0 3 21c. | 1630 | | 2c. |
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| PART OTHER SIGNIFICANT CON | VDITIONS—Conditions contributing | to death but not resulting in the underlying o | cause given in Part 1. AUTOPSY (Special | |
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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Deputy Registrar:

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Erbara Lee Hus

EXHIBIT B

001-064-04

All of Lots 1, 2, and 3 in Block 77; All of Lots 1, 2, 3, and 4 in Block 64; All Lots 4, 5, and 6 in Block 40; together with the tenements, building and improvements thereon, as well as the personal property reposing herein. All of said lots and property being more fully described and delineated in the official plat of the town of Eureka, on file in the office of the County Recorder of Eureka County, Nevada.

001-031-11

Parcels A and C of the Parcel Map for Angelo C. and Emilia S.
Tognosi of a division of a part of Lot 20, Block 78, Bureka Townsite,
Town of Eureka, Eureka County, Nevada, filed on June 20, 1997 in
the Office of the County Recorder of Eureka County, Nevada.

178756

APN: 001-031-09 and 001-031-11

RPTTS -0-

WHEN RECORDED, MAIL TO: Alex J. Flangas, Esq. Hale Lane Peck Dennison and Howard 100 W. Liberty, Tenth Floor Reno, Nevada 89501

MAIL TAX STATEMENT TO: Angelo Tognoni and Emilia Tognoni, Trustees P. O. Box 236 Eureka, Nevada 89316

GRANT, BARGAIN AND SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Angelo C. Tognoni and Emilia S. Tognoni, husband and wife, do hereby GRANT, BARGAIN and SELL to Angelo Tognoni and Emilia Tognoni, as Trustees, or the successor Trustee, of the Angelo Tognoni and Emilia Tognoni Trust under Trust Agreement dated August 7, 2002, (whose address is: 150 N. Monroe Street, Eureka, Nevada 89316), that certain real property located within the NE1/4 of Section 14, T. 19 N., R. 53 E., M.D.B. & M., Eureka County, Nevada and more particularly described as follows:

Parcels A and C of the Parcel Map for Angelo C. and Emilia S. Tognoni of a division of a part of Lot 20, Block 78, Eureka Townsite, Town of Eureka, Eureka County, Nevada, filed on June 20, 1997 in the Office of the County Recorder of Eureka County, Nevada.

TOGETHER with the tenements, hereditaments and appurtenances, including casements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED: this 51 day of 141 its, 2002.

ANGELO C. TOGNONI

EMILIA S. TOGNONI

BOOK 350 PAGE 089

Hale Lane Peek Dennison Howard and Anderson Attorneys and Councilors at Law Reno, Nevada (775) 327-3000

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APN: 001-064-04 R.P.T.T. \$-0-

RECORDING REQUESTED BY AND WHEN RECORDED, MAIL TO:

Anthony J. Tognoni 838 Alena Way Spanish Springs, NV 89441

MAIL TAX STATEMENT TO:

Anthony J. Tognoni 838 Alena Way Spanish Springs, NV 89441

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

rentied towar DOC#

Official

HOLLAND & HART LLP - RENO Eureka County - NV Mike Rebaleati - Recorder

Fee: \$16.00 RPTT: \$0.00 Page: 1 of 3 Recorded By F5 Book- 0557 Page- 0192

GRANT, BARGAIN AND SALE DEED (Monroe Property)

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, CARMEN M. FLANGAS and TONY TOGNONI, Successor Trustees of THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST under trust agreement dated August 7, 2002, restated October 4, 2002, do hereby GRANT, BARGAIN and SELL to ANTHONY J. TOGNONI, an unmarried man (whose address is: 838 Alena Way, Spanish Springs, NV 89441) all of their right, title and interest as Successor Trustees in and to the real property situate in the County of Eureka, State of Nevada, described in Exhibit "A" attached hereto and incorporated herein by reference.

TOGETHER with the tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

SUBJECT, HOWEVER, TO all covenants, conditions, restrictions, reservations, rights-of-way and easements recorded against such property prior to this instrument, and all other matters of record or apparent.

6326137 1

Page 1 of three

6326137_1

225147 Book: 557 11/12/2013 Page: 193 2 of 3

2013-225147

DATED: this 6 day of Jovember, 2013. CARMEN M. FLANGAS, Successor Trustee of THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST under trust agreement dated August 7, 2002, restated October 4, 2002 ANTHONY J. TOGNONI, Successor Trustee of THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST under trust agreement dated August 7, 2002, restated October 4, 2002 STATE OF NEVADA COUNTY OF WASHOE This instrument was acknowledged before me on Movember 6, 2013, by CARMEN M. FLANGAS, Successor Trustee of THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST under trust agreement dated August 7, 2002, restated October 4, 2002. DIANE Y. TSCHOPP Notary Public (Notary Public - State of Nevada Appointment Recorded in Washoe County My Commission Expires: No: 99-50392-2 - Expires June 19, 2014 COUNTY OF WASHOE

STATE OF NEVADA

This instrument was acknowledged before me on November 6, 2013, by ANTHONY J. TOGNONI, Successor Trustee of THE ANGELO TOGNONI AND EMILIA TOGNONI TRUST under trust agreement dated August 7, 2002, restated October 4, 2002.



Notary Public My Commission Expires: 4/19 / July

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STATE OF NEVADA **DECLARATION OF VALUE**

| DECLAR | ATION O. | F VALU | \mathbf{E} | Requested By | ial Rec | ord |
|--|--|--|--|--|--|-------------|
| | | | | Fur | eka County | NV \ |
| 1. Assessor P | arcel Number | (s) | | Mike Reba | leati - Recor | der |
| a) <u>001-084-04</u> | | | | | Fee: \$16 | |
| b) | | | | Recorded By F | S PRTT: \$0 | .00 |
| c) | | | | | | / / |
| d) | | | | _ | | \ \ |
| 2. Type of Pro | | | | | OPTIONAL USE ONLY | |
| a) (c) (| Vacant Land | | Single Fam Res 2-4 Plex | . Notes: | | |
| e) (| Condo/Twnhse Apt. Bldg. | ø) 🗀 | Comm'i/ind'i | | | |
| e) 🗀 | Agricultural | f) | Mobile Home | | | _ \ |
| • | Other | , _ | | _ | L. | |
| | | | _ | | | - N |
| 3. Total Valu | e/Sales Price | of Propert | y: / \$ | | | |
| | u of Foreclosur | | | | | |
| Transfer Tax | | , , | / 8 | | | |
| | ty Transfer Tax | Due: | ((3 | 0.00 | | |
| .,, | , | | 7 | V | | |
| 4. If Exemption | on Claimed: | | 1 | | / / | |
| a. Transfe | er Tax Exemption | n, per NRS 37 | 75.090, Section: | 7 \ | / | |
| b. Explair | Reason for Exe | mption: | TRANSFER FROM | A TRUST W/O CONSIDE | RATION | |
| <u> </u> | | | | V V | | |
| | rest: Percenta | | | % | \ | |
| and NRS 375.11 belief, and can be provided herein. | 0, that the inform e supported by of Furthermore, th | nation provide documentatio le disallowane | ed is correct to the n if called upon to be of any claimed | f perjury, pursuant le best of their infor o substantiate the i d exemption, or oth due plus interest at | mation and nformation er determination | |
| Pursuant to N | RS 375 030, the | e Buver and | ا Seller shall bi | e iointly and sev | erally liable for an | v |
| additional amo | 2/1 | 11/ | | · same | 410 0 | , |
| The second secon | | St V red | n n n | reference | Grantor Tognoni Trust | |
| Signature | ACCE A | BAJUN 1 | | | | |
| Signature <u>(</u> | veey XII | mga, | (SR) PROPERTY | Capacity | Frantee Tony Tognord | |
| SELLER (GF | RANTOR) INF | ORMATIC | N BUYER | (GRANTEE) | NFORMATION | |
| | QUIRED) | | | (REQUIRED) | | |
| Print Name: | Anthony & Emilia To | ognoni Trust | Print Na | ame: Tony Tognoni | | |
| Address: | 838 Alena Way | The state of the s | | S: 838 Alena Way | · · · · · · · · · · · · · · · · · · · | |
| City: | Spanish Springs | | City: | Spanish Springs | ************************************** | |
| State: | NV Zip: | 89448 | State: | NV Zip: | 89448 | |
| Julio. | | 1 | | | | |
| | PERSON REC | | RECORDIN | <u>G</u> | | |
| | OT THE SELLER OR | | | - | | |
| Print Name: | Alex Flangas, H&H, | | antor and Grantee | Escrow <u>#</u> | | |
| Address: | 5441 Kletzke Lane, | 2nd Floor | | | | |
| City: Reno | | _/ | State: <u>1</u> | √√ Zip: | 89511 | |
| \ | (A | S A PUBLIC I | RECORD THIS FO | ORM MAY BE RECO | PRDED) | |

DOC# DV-225147

EXHIBIT "A" LEGAL DESCRIPTION

The real property situate in the County of Eureka, State of Nevada, described as follows:

All of Lots 1, 2, and 3 in Block 77; All of Lots 1, 2, 3, and 4 in Block 64; All Lots 4, 5, and 6 in Block 40; together with the tenements, building and improvements thereon, as well as the personal property reposing herein. All of said lots and property being more fully described and delineated in the official plat of the town of Eureka, on file in the office of the County Recorder of Eureka County, Nevada.

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