

Recording Requested By:

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

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

When recorded mail document to:

NAME

ADDRESS

CITY
STATE & ZIP



00019667202402516890180187

KATHERINE J. BOWLING, CLERK RECORDER

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada
County of Eureka

Anthony J. Tognoni, of legal age, being first duly sworn, deposes and says:

1. see exhibit A, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trust dated October 4, 2002 executed by Angelo Tognoni and Emilia Tognoni as trustor(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. see exhibit B, in the Official Records of Eureka County, State of Nevada, covering the following described property 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 pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 2/20/24

Anthony J. Tognoni

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.

State of Nevada
County of EUREKA

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 20th day of FEBRUARY 20 24 by ANTHONY J. TOGNONI proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

Brandy Mahoney (Seal)
Notary Signature

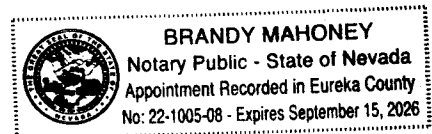


EXHIBIT A

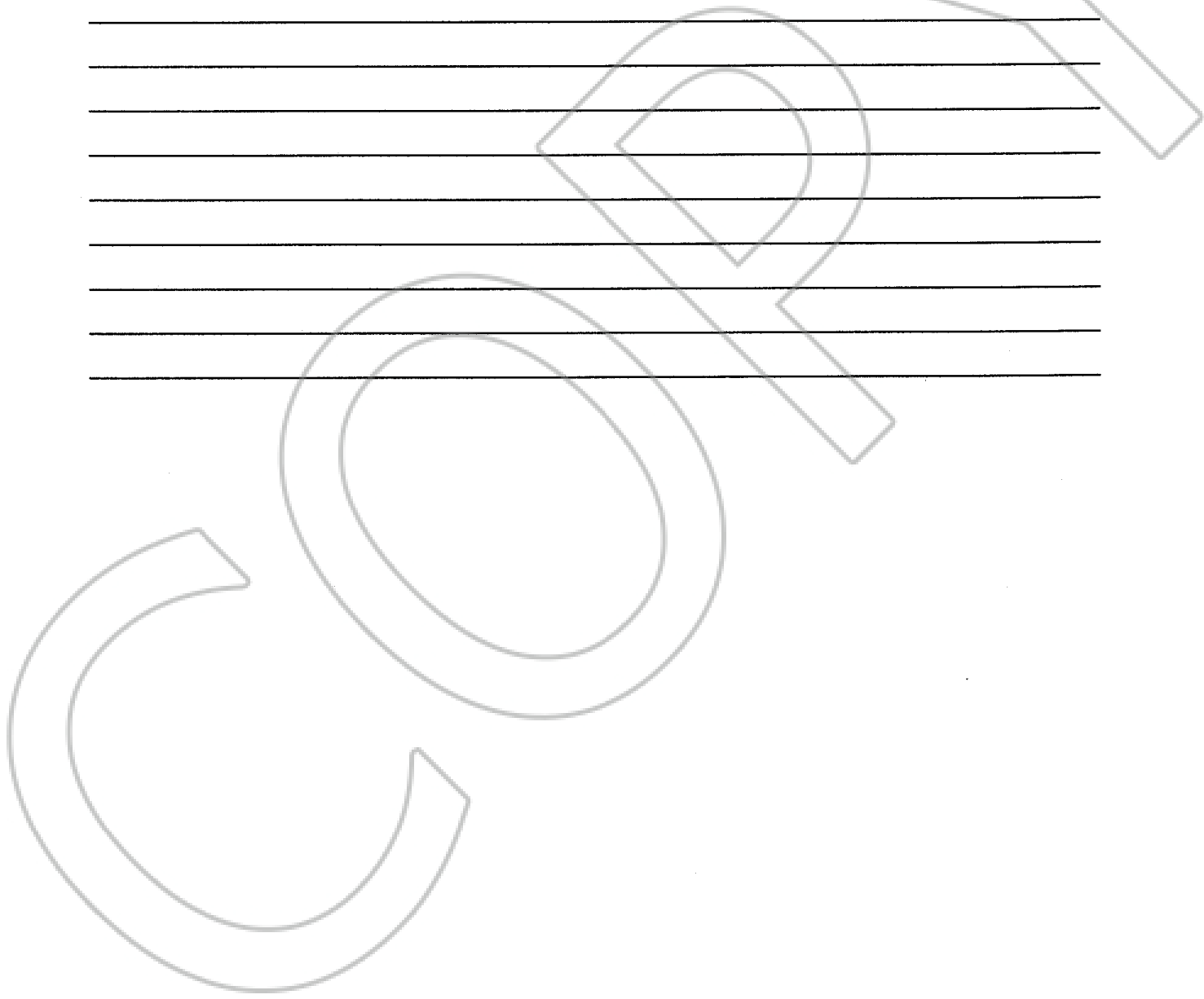
Angelo Tognoni

Emilia Tognoni

Cecile F. Johnston

Anthony J. Tognoni

Carmen M. Flangas



Certification
of
Trust

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 [REDACTED]

//

//

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.

Angelo Tognoni
ANGELO TOGNONI

Acting Trustee

Cecile F. Johnston

CECILE F. JOHNSTON

Acting Trustee

Anthony J. Tognoni

ANTHONY J. TOGNONI

Acting Trustee

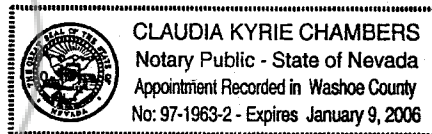
Carmen M. Flangas

CARMEN M. FLANGAS

Acting Trustee

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

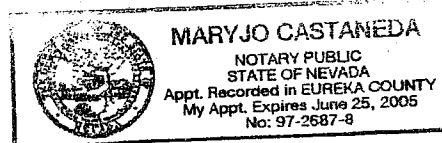
Claudia Kyrie Chambers
Claudia K. Chambers, Notary Public
in and for said County and State



STATE OF NEVADA)
) ss:
COUNTY OF EUREKA)

On Oct. 17, 2002, personally appeared before me Cecile F. Johnston, personally known to me or who's identity I verified on the basis of Personally known, to be the signer of the above and she acknowledged that she signed it.

Maryjo Castaneda
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 4th day of October, 2002.

In the presence of:

Maudyn Skender
Witness

Witness

Angelo Tognoni
ANGELO TOGNONI

Emilia Tognoni
EMILIA TOGNONI
"Trustors"

Angelo Tognoni
Angelo Tognoni, Trustee

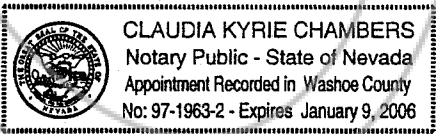
Cecile F. Johnston
Cecile F. Johnston, Trustee

Anthony J. Tognoni
Anthony J. Tognoni, Trustee

Carmen M. Flangas
Carmen M. Flangas, Trustee

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me on October 4, 2002, by Angelo Tognoni and Emilia Tognoni, and *Anthony J. Tognoni, and Carmen M. Flangas.*
CKC

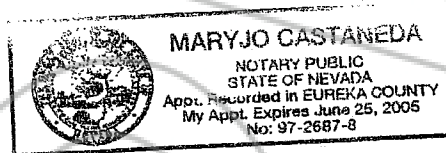


Claudia Kyrie Chambers
Claudia Kyrie Chambers, Notary Public
My Commission Expires: *01/09/06*

STATE OF NEVADA)
)ss:
COUNTY OF EUREKA)

On Oct. 17, 2002, personally appeared before me Cecile E. Johnston, personally known to me or who's identity I verified on the basis of Personally Known, to be the signer of the above and she acknowledged that she signed it.

Maryjo Castaneda
Notary Public, in and for the
County of Eureka, State of Nevada



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011015798
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cecile F JOHNSTON		2. DATE OF DEATH (Mo/Day/Year) October 04, 2011		3a. COUNTY OF DEATH Eureka	
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 351 S Spring St.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	3d. SEX Female		7a. AGE-Last birthday (Years) 71		8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1940	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Postal Employee		14b. KIND OF BUSINESS OR INDUSTRY United States Postal Service		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	15d. STREET AND NUMBER 351 S Spring St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Angelo TOGNONI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emilia SEGURA		18a. INFORMANT- NAME (Type or Print) Tom JOHNSTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 247 Eureka, Nevada 89316	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) KENNETH E JONES SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) October 07, 2011	
REGISTRAR	22c. HOUR OF DEATH 15:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 04, 2011		22e. PRONOUNCED DEAD AT (Hour) 15:15	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 12, 2011		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) Kidney and Bladder Cancer	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Unknown		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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) 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		

STATE REGISTRAR

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.

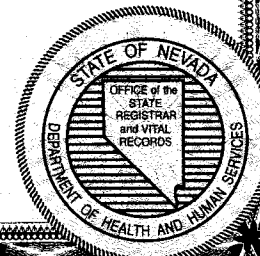
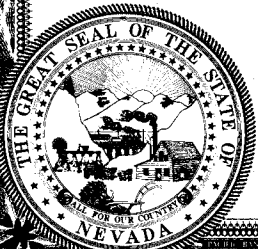
DATE ISSUED: 10/14/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDES THIS CERTIFICATE

VRS-Rev-20110104



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4085487

CERTIFICATE OF DEATH

2019011027
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

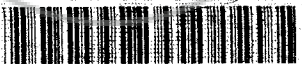
CERTIFIER

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) Carmen Marie FLANGAS		2. DATE OF DEATH (Mo/Day/Year) June 04, 2019		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 6656 Evans Creek Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 07, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) John A FLANGAS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) REGISTERED NURSE		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 6656 Evans Creek Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? <input type="checkbox"/> No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Fernando SEGURA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Valentina HERRERA		
18a. INFORMANT - NAME (Type or Print) John A FLANGAS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 6656 Evans Creek Drive Reno, Nevada 89519			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL HUKILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD885		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503	
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) KELLE L BROGAN MD SIGNATURE AUTHENTICATED			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) June 04, 2019		21c. HOUR OF DEATH 11:20		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)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 05, 2019		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) Acute on chronic systolic heart failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Atherosclerotic Cardiovascular Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hypertension Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) 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	



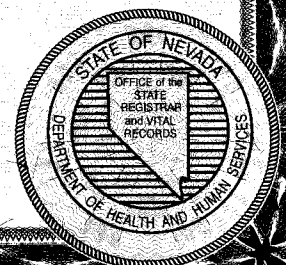
CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: **2/8/2024**

Cody Phinney
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3645695

CERTIFICATE OF DEATH

2012004858
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

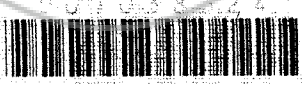
CERTIFIER

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) Emilia Segura TOGNONI		2. DATE OF DEATH (Mo/Day/Year) February 24, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Regent Care Center of Reno		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1918		9a. STATE OF BIRTH (If not US/CA, name country) Spain		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 9		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 555 Hammil Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Fernando SEGURA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Valentina HERRERA		
18a. INFORMANT- NAME (Type or Print) Anthony TOGNONI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 838 Alena Way Sparks, Nevada 89441			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Catholic Cemetery		19c. LOCATION City or Town State Eureka Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER 806		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary 425 Stoker Ave Reno NV 89503	
20a. SIGNATURE AUTHENTICATED					
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) KELLE BROGAN MD			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) March 22, 2012		21c. HOUR OF DEATH 23:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Kelle Brogan MD, 429 Elm Street Reno, NV 89503				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) SANDI BRIDGES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Debility					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Vascular dementia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	



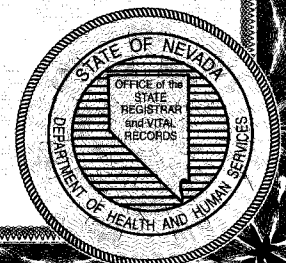
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **2/8/2024**

Cody Phinney
STATE REGISTRAR

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



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 110 IMAGE 706

1152

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Angelo Charles TOGNONI		DATE OF DEATH (Month, Day, Year) 2 April 24, 2003		COUNTY OF DEATH Washoe	
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 4880 Summit Ridge Drive #119		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3a.	
3b. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 84	
5. STATE OF BIRTH (If not U.S.A., name country) Nevada		CITIZEN OF WHAT COUNTRY U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
9a. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher		KIND OF BUSINESS OR INDUSTRY 14b. Cattle Ranching	
13. RESIDENCE—STATE Nevada		COUNTY Eureka		CITY, TOWN, OR LOCATION Eureka	
15a. FATHER—NAME First Middle Last Givanni Antonio Tognoni		MOTHER—MAIDEN NAME First Middle Last Bernadine Caviglia		15d. STREET AND NUMBER 150 Monroe St.	
16. INFORMANT—NAME (Type or Print) Anthony Tognoni		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2509 18th Street; Sparks, Nevada 89431			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME Eureka Catholic Cemetery		LOCATION City or Town State Eureka, Nevada	
19a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 89		NAME AND ADDRESS OF FACILITY O'Brien-Rogers & Crosby 600 West Second Street; Reno, Nevada 89503	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 4/28/03		21c. HOUR OF DEATH 1630	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Angelo Kanellos		22a. ON		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Angelo Kanellos 699-A Sierra Rose Dr. Reno, NV. 89511		22c. AT		22d. PRONOUNCED DEAD (Hour)	
23a. REGISTRAR (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 28, 2003		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 28, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No			
PART (a) Prostate Cancer DUE TO, OR AS A CONSEQUENCE OF:		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
PART (b) _____ DUE TO, OR AS A CONSEQUENCE OF:		28. ACC., SUICIDE, HON. UNDET., OR PENDING INVEST. (Specify) 28b.			
PART (c) _____ DUE TO, OR AS A CONSEQUENCE OF:		28c. DATE OF INJURY (Mo., Day, Yr.) 28d.			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		28d. DESCRIBE HOW INJURY OCCURRED 28e.			
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g.		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

No. 223959

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

Deputy Registrar: *Barbara Lee Hunt*

Date: **APR 30 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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. Tognoni of a division of a part of Lot 20, Block 78, Eureka Township, 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

R.P.T.T.S. -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 easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED: this 31 day of August, 2002.

Angelo Tognoni
ANGELO C. TOGNONI

Emilia Tognoni
EMILIA S. TOGNONI

1.

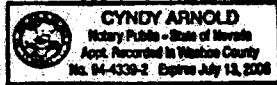
Hale Lane Peck Dennison Howard and Anderson
Attorneys and Counsellors at Law
Reno, Nevada
(775) 327-3000

BOOK 350 PAGE 089

00MAYEDOC3VLENOUOC3M2MAJ

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

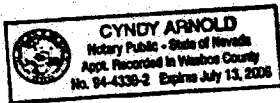
This instrument was acknowledged before me on August 31, 2002, by Angelo C. Tognoni.



Cyndy Arnold
Notary Public
My Commission Expires: 7-13-06

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me on August 31, 2002, by Emilia S. Tognoni.



Cyndy Arnold
Notary Public
My Commission Expires: 7-13-06

BOOK 350 PAGE 89
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Hale Lane Peck Dennison Howard
02 SEP -6 PM 3:18
CLERK OF COUNTY OF NEVADA
H.N. REGALENTI, RECORDER
FILE NO. FEES \$5⁰⁰

2.

178756

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

BOOK 350 PAGE 90

..ODMA\FCD\DCSVL\H\000\CS\029464

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a) 001-031-09
 b) 001-031-11
 c) _____
 d) _____

FOR RECORDER'S OPTIONAL USE ONLY
 Document/Instrument #: 178756
 Book: 350 Page: 89
 Date of Recording: 9-10-02
 Notes: _____

2. Type of Property:
- | | |
|--|---|
| a) <input checked="" type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg | f) <input type="checkbox"/> Comm/Wnd1 |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other | |

3. Total Value/Sales Price of Property: _____ \$
 Deed in Lieu of Foreclosure Only _____ \$
 Transfer Tax Value _____ \$
 Real Property Transfer Tax Due _____ \$ -0-

4. If Exemption Claimed:
 a) Transfer tax exemption, per NRS 375.090, Section: 8(a)
 b) Explain reason for exemption: Transfer of title to trustees of the trust

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Angelo Tognoni Capacity Seller
 Signature _____ Capacity Buyer

SELLER (GRANTOR) INFORMATION
 Print Name: Angelo C. & Emilia S. Tognoni
 Address: P. O. Box 236
 City: Eureka
 State: Nevada Zip: 89316

BUYER (GRANTEE) INFORMATION
 Print Name: Angelo C. & Emilia S. Tognoni,
Trustees
 Address: P. O. Box 236
 City: Eureka
 State: Nevada Zip: 89316

COMPANY/PERSON REQUESTING RECORDING:
(required if not the seller or buyer)
 Print Name: Alex J. Flangas, Esquire of Hale Lane Peek Dennison and Howard
 Address: 100 W. Liberty Street, Tenth Floor
 City: Reno State: Nevada Zip: 89501
 (As a public record, this form may be recorded)

:\00MA\PCDOCS\HLRNOOCS\30208111

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

revised to meet all
DOC# 225147
11/12/2013 10:12AM

**RECORDING REQUESTED BY AND
WHEN RECORDED, MAIL TO:**

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

Official Record

Requested By
HOLLAND & HART LLP - RENO
Eureka County - NV
Mike Rebaleati - Recorder
Page: 1 of 3 Fee: \$16.00
Recorded By FS RPTT: \$0.00
Book- 0557 Page- 0192

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)

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

6326137_1



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

DATED: this 6 day of November, 2013.

Carmen M. Flangas
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
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 November 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 - State of Nevada
Appointment Recorded in Washoe County
No: 99-60392-2 - Expires June 19, 2014

Diane Y. Tschopp
Notary Public
My Commission Expires: 6/19/2014

STATE OF NEVADA)
)
COUNTY OF WASHOE)

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.

 DIANE Y. TSCHOPP
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-60392-2 - Expires June 19, 2014

Diane Y. Tschopp
Notary Public
My Commission Expires: 6/19/2014



**STATE OF NEVADA
DECLARATION OF VALUE**

DOC# DV-225147

11/12/2013 10:12AM

Official Record

Requested By
HOLLAND & HART LLP - RENO

Eureka County - NV

Mike Rebaleati - Recorder

Page: 1 of 1 Fee: \$16.00
Recorded By FS PRTT: \$0.00

1. Assessor Parcel Number (s)

- a) 001-084-04
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|-----------------------------|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

FOR RECORDERS OPTIONAL USE ONLY	
Notes:	_____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 7
- b. Explain Reason for Exemption: TRANSFER FROM A TRUST W/O CONSIDERATION

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Grantor Tognoni Trust
 Signature [Signature] Capacity Grantee Tony Tognoni

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Anthony & Emilia Tognoni Trust
 Address: 836 Alena Way
 City: Spanish Springs
 State: NV Zip: 89448

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Tony Tognoni
 Address: 836 Alena Way
 City: Spanish Springs
 State: NV Zip: 89448

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Alex Flangas, H&H, attorneys for Grantor and Grantee Escrow #: _____
 Address: 5441 Kletzke Lane, 2nd Floor
 City: Reno State: NV Zip: 89511

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

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.



225147

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Page: 194 3 of 3

Page 3 of three

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