

RECORDING REQUESTED BY

Eugene W. Goodsell

AND WHEN RECORDED MAIL TO

NAME [ Mr. Eugene W. Goodsell ]  
 STREET ADDRESS [ P.O. Box 1066 ]  
 CITY, STATE, ZIP [ Minden, NV. 89423 ]

Order No. Accom. 36291 MT Exclon No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} ss.

EUGENE W. GOODSSELL

That HERMIE CARLENE GOODSSELL  
 Certificate of Death, is the same person as  
 named as one of the parties in that certain  
 executed by EUGENE W. GOODSSELL

, of legal age, being first duly sworn, deposes and says:  
 the decedent mentioned in the attached certified copy of  
 HERMIE CARLENE GOODSSELL  
 Grant Deed dated February 2, 1979

to EUGENE W. GOODSSELL and HERMIE CARLINE GOODSSELL, husband and wife  
 as joint tenants, recorded as Instrument No. 29746, on February 7, 1979, in  
 book 279, page 556, of Official Records of Douglas  
 County, Nevada, covering the following described property situated in the -----  
 ----- County of Douglas, State of Nevada:

Lot 25, PINENUT SUBDIVISION UNIT NO. 1, as shown on the Official Map  
 recorded in the office of the County Recorder on June 11, 1963, Document  
 No. 22783, Official Records of Douglas County, State of Nevada.

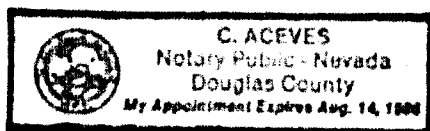
A.P.N. 23-222-11

Dated February 18, 1983

*Eugene W. Goodsell*  
 Eugene W. Goodsell

SUBSCRIBED AND SWORN TO before me, the  
 undersigned, a Notary Public in and for said County  
 and State, this 22nd day  
 of February, 1983

*C. Aceves*  
 Notary Public in and for said County and State



(This area for official notarial seal) 076381

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

4100

82700224

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT - FIRST		1B. MIDDLE	1C. LAST		24. DATE OF DEATH (MONTH, DAY, YEAR)
Hermie		CARLENE	Goodsell		January 19, 1982
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH		28. HIGHER
FEMALE	WHITE		March 11, 1926		29. LOWER
8. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTH-PLACE OF FATHER		10. BIRTH NAME AND BIRTH-PLACE OF MOTHER	
SALEM, W.VA.		CARL COGAR - WEST, VIRGINIA		NO RECORD - NO RECORD	
11. COUNTRY OF BIRTH (IF FOREIGN)		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
U.S.A.		[REDACTED]-4853		married	
15. PRIMARY OCCUPATION		16. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
FINANCE SUPERV.		FORD MOTOR CO.		Eugene Goodsell	
19A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		15C. CITY OR TOWN	
Box 1066 (2930 CLAPHAN LANE)		H/R		Minden	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP	
DOUGLAS		Nevada		SPOUSE	
21A. PLACE OF DEATH		21B. COUNTY		SAME AS 19 - A	
Sequoia Hospital		San Mateo			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
Whipple & Alameda		Redwood City			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH LED UP TO THE IMMEDIATE CAUSE, STARTING THE QUARTER ENDING EARLY		(A) Ventricular Fibrillation		Yes	
		(B) Acute Myocardial Infarction		25. WAS BRUSH PERFORMED?	
		(C) Atherosclerotic Coronary artery disease		No	
				26. WAS AUTOPSY PERFORMED?	
				No	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23?		DATE	
		Coronary Artery Bypass		1/19/82	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSES STATED		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
11/5/82		Perry M. Shoor MD		1/21/82	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER			
Perry M. Shoor MD		7700 Welch Rd #1201		6024044	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT HOME	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE MADE AN (URGENT INVESTIGATION)		35B. CORONER'S SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE - MONTH DAY YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		1-23-1982		GENOA CEMETERY, GENOA, NEV.	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRY SIGNATURE		39. EMPLOYER'S SIGNATURE, NUMBER AND SIGNATURE	
WALTON'S CHAPEL, CARSON CITY,		J.M. Bodie, M.D., M.P.H.		3413 H. Cuillo	
42. DATE ACCEPTED BY LOCAL REGISTRY		43. STATE REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRY	
1-21-82		A. B. NEV. C. D. E. F.			

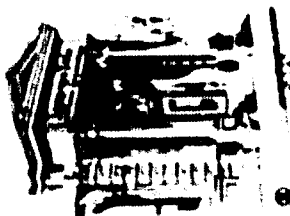
SAN MATEO COUNTY  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
225 - 37TH AVENUE  
SAN MATEO, CALIFORNIA

**SEAL**

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,  
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J.M. Bodie, M.D.  
J.M. BODIE, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: January 25, 1982



for Eugene W. Goodsell  
REQUESTED BY  
LAWYERS TITLE INS. CORP  
5500 pt.  
100 FEB 23 AM 9:21  
SUDANNE B. AUDREAU  
RECORDER  
076381  
LIBR 283 PAGE 1721