

8.
✓ Recording Requested by and
when recorded return to:

Gould Family Trust
Post Office Box 320
Genoa, Nevada 89411

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Douglas)

I, ROBERT E. GOULD, being sworn, say:

I am twenty-one years of age or over.

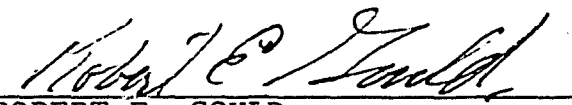
VALERIE GEORGETTE GOULD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VALERIE GOULD named as one of the parties in the Joint Tenancy Deed dated May 16, 1984, executed by Melanee Suzanne Fitzgerald, recorded as Instrument No. 101876, on June 7, 1984, in Book 684 at Page 646 of Official Records of Douglas County, Nevada, covering the property situated in the County of Douglas, State of Nevada, described as follows:

Lots 6, 7, 8, 9, 10 and 11, in Block 6, as shown on the Trustee's Map of the Town of Genoa, filed in the office of the County Recorder of Douglas County, Nevada.

Excepting therefrom the Southerly 20 feet of Lots 8 and 9 in Block 6, as reserved in the Deed recorded July 7, 1978, in Book 778 of Official Records at Page 311, Douglas County, Nevada, as Document No. 22769.

A.P.N. 17-100-12

Dated this 21ST day of November, 1987.

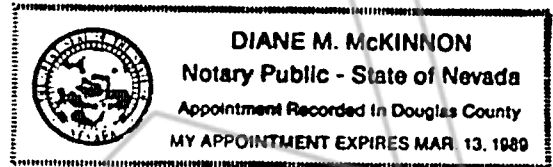

ROBERT E. GOULD

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for
said County and State, this 21st day of November, 1987.

Diane M. McKinnon
NOTARY PUBLIC

My commission expires:

March 13, 1989



COPY

CERTIFICATE OF DEATH

0700

01357

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST VALERIE			1B. MIDDLE GEORGETTE	1C. LAST GOULD		2A. DATE OF DEATH (MONTH, DAY, YEAR) April 3, 1987		2B. HOUR 1330
3. SEX Female	4. RACE/ETHNICITY Caucasian		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH October 5, 1911		7. AGE 75 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA			9. NAME AND BIRTHPLACE OF FATHER George Barrett - UNK			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Hazel Linnea Harra -Sweden		
11A. CITIZEN OF WHAT COUNTRY U.S.A.	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 N/A TO 19 N/A		12. SOCIAL SECURITY NUMBER [REDACTED]	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Robert Edwin Gould			
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION Adult Life	17. EMPLOYER OF SELF-EMPLOYED, SO STATE) Self-Employed		18. KIND OF INDUSTRY OR BUSINESS Homemaking			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1800 Alameda Diablo				19B. 462.01	19C. CITY OR TOWN Diablo			
19D. COUNTY Contra Costa			19E. STATE CA.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Robert E. Gould (husband) 1800 Alameda Diablo Diablo, CA. 94528			
21A. PLACE OF DEATH Home Residence			21B. COUNTY Contra Costa					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1800 Alameda Diablo			21D. CITY OR TOWN Diablo					
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					24. WAS DEATH REPORTED TO CORONER? No	25. WAS BIOPSY PERFORMED? Yes	26. WAS AUTOPSY PERFORMED? No
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Brain and Lymphatic Metastasis ← 1 month					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(B) Merkel Cell Carcinoma (Skin) ← 2 years							
	(C)							
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 2. OR 23? TYPE OF OPERATION	Yes, excision 1985, 86, 84							
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE H. Maccabee M.D.			28C. DATE SIGNED 4/3/87	28D. PHYSICIAN'S LICENSE NUMBER G 33028	
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.) 9/13/84	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) 3/30/87		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Howard Maccabee MD 115 La Casa Via, Walnut Creek, CA.					
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
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 HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)					35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR 4-5-87	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Hull's Walnut Creek Crematory			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) HULL'S WALNUT CREEK CHAPEL			40B. LICENSE NO. 250	41. LOCAL REGISTRAR—SIGNATURE Wendell Brunner M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR 4/5/87		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.		

VS-11 (1-85)

Certification Statement: This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official: *Wendell Brunner M.D.* Official Title: Local Registrar

Place of Certification: Contra Costa County Health Services—Public Health Division, Martinez, California

Date of Certification: APR 3 1987

State of California, Health Services—Public Health Division, Bureau of Vital Statistics

SEAL

167470
BOOK 1187 PAGE 4053

COPY

REQUESTED BY
Gould Family Trust
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA
by Carolyn Gould
'87 NOV 30 P1:28

SUZANNE BEAUDREAU
RECORDER

PAID *7.00* DEPUTY *JL* 167470
1187 PAGE 4054