

RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**  
WHEN RECORDED MAIL TO:

000500779  
ESCROW NO. 00090638  
A.P.N. # 37-251-01

DORIS L. GOELZ  
P.O. Box 11896  
LEPHER COVE, NV 89448

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF DOUGLAS } ss.

DORIS L. GOELZ, of legal age, being first duly sworn, deposes and says:  
That WILLIAM J. GOELZ, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as WILLIAM J. GOELZ  
named as one of the parties in that certain DEED dated August 12, 2079  
executed by PACIFIC UNION ASSOCIATION OF SEVENTH DAY ADVENTISTS  
to WILLIAM J. GOELZ AND DORIS L. GOELZ, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 03121979, on March 24, 1980  
in Book 380, Page 1981, of Official Records of  
County, Nevada, covering the following described property situated in the  
County, State of Nevada:

LOT 154, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 2,  
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
NEVADA, ON FEBRUARY 20, 1967, AS DOCUMENT NO. 35464.

DATE: June 12, 2000

*Doris L. Goelz*  
DORIS L. GOELZ



STATE OF Nevada }  
COUNTY OF DOUGLAS } ss.

This instrument was acknowledged before me on June 23, 2000,  
by, DORIS L. GOELZ

Signature Marilyn L. Bigham  
Notary Public

0498974  
BK0900PG0843

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**3-85-01**

**5291**

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
William		J.	Goelz		July 30, 1985	11:30a.m
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS   DAYS
Male	W	NO <input type="checkbox"/>	May 29, 1923		62 YEARS	IF UNDER 24 HOURS HOURS   MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Ca.		William Goelz- Ca.			Margaret Harslab-Hungary	
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
USA	19 TO 19	-6830		Married	Doris Lindley	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Maintenance Contractor		15	A.C. Transit		Transportation	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN
1729 Via Lacqua						San Lorenzo
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Alameda			Ca.		Doriz Goelz-Wife Same as 19 A.	
21A. PLACE OF DEATH			21B. COUNTY			
Kaiser Hospital			Alameda			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN			
27400 Hesperian Blvd.			Hayward			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						24. WAS DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE						no
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.						25. WAS BIOPSY PERFORMED?
(A) <i>cardiorespiratory arrest</i>						no
(B) <i>large cell undifferentiated lung cancer</i>						Jan 19 84
(C)						26. WAS AUTOPSY PERFORMED?
						no
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
Brain metastases						
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)				
JAN 2, 1973		JULY 30, 1985				
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS				
		Franklin, Bruce, M.D. 27400 Hesperian Blvd. Hayward, 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- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. LOCAL REGISTRAR'S LICENSE NUMBER AND SIGNATURE	
Burial	Aug. 2, 1985	Happy Homestead Cemetery-So. Lake Tahoe, Ca.			Conrad Dickson # 4962	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Grissom's San Lorenzo Chapel		1205	<i>[Signature]</i>		JUL 31 1985	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY *[Signature]* DEPUTY

DATE AUG 1 1985

SEAL

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COPY

REQUESTED BY  
STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 SEP -7 PM 3: 33

LINDA SLATER  
RECORDER

\$ 9.00 PAID KJ DEPUTY

0498974

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