

17

OFFICIAL RECORD
Requested By:
WILLIAM D GOLDMAN

APN: 1420-07-112-039

Recording Requested By:)
Mr. William D. Goldman)
When Recorded Mail To:)
Mr. William D. Goldman)
✓ 1347 View Pointe)
Gardnerville, NV 89410)

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0609 PG- 7817 RPTT: 0.00



AFFIDAVIT OF DEATH OF COTRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

I, WILLIAM D. GOLDMAN, being duly sworn, say:

I am 18 years of age or over. The decedent described in the attached certified copy of the Certificate of Death, is the same person as MARJORY A. GOLDMAN, also known as MARJORY ANN GOLDMAN, Cotrustee of the 2001 GOLDMAN FAMILY TRUST, which was established by a Declaration of Trust dated June 19, 2001. After the death of MARJORY A. GOLDMAN, and by authority of the provisions of Section 10.1 of ARTICLE X of said Declaration of Trust, I became the sole Trustee of the 2001 GOLDMAN FAMILY TRUST.

MARJORY A. GOLDMAN, as Cotrustee of said trust, was also named as a Cograntee of that certain Grant, Bargain, and Sale Deed dated May 11, 2005, executed by LYNN ENEARL, Douglas County Administrator as Guardian for the Estate of Eleanor Coop, and recorded as Document No. 0644221, on May 12, 2005, in Book 0505, Pages 5638 and 5639, of Official Records of the Office of the County Recorder of the County of Douglas, State of Nevada, covering the property situated in the County of Douglas, State of Nevada, whose Assessor's Parcel Number is 1420-07-112-039, and which is further described as follows:

SEE EXHIBIT A ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREIN

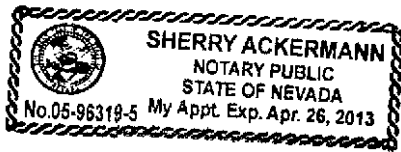
Dated: June 24, 2009

WILLIAM D. GOLDMAN, Trustee
Affiant

JURAT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 24 day of June, 2009,
by WILLIAM D. GOLDMAN, proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.





Notary Public for the State of Nevada

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009000423
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) Marjory Ann GOLDMAN		2. DATE OF DEATH (Mo/Day/Year) January 03, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1935		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) William GOLDMAN	
13. SOCIAL SECURITY NUMBER [REDACTED] 9889		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1347 View Pointe		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER -NAME (First Middle Last Suffix) William HELLMAN	
17. MOTHER -NAME (First Middle Last Suffix) Freda FACTOR		18a. INFORMANT- NAME (Type or Print) William GOLDMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1347 View Pointe Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) STEPHEN LANE PERRY M.D. 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) January 07, 2009		21c. HOUR OF DEATH 20:07		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410		23b. LICENSE NUMBER 6526	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2009		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) Respiratory Failure				Interval between onset and death 2 Days	
(b) DUE TO, OR AS A CONSEQUENCE OF, Pleural effusions and pulmonary edema				Interval between onset and death 4-5 Days	
(c) DUE TO, OR AS A CONSEQUENCE OF, Chronic Renal Failure				Interval between onset and death Years	
(d) 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. Type II Diabetes Mellitus, Hypertension, Anemia, Sleep Apnea					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26a. DATE OF INJURY (Mo/Day/Yr)		26b. HOUR OF INJURY	
26c. DESCRIBE HOW INJURY OCCURRED		26d. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		26e. HOUR OF DEATH	
27. INJURY AT WORK (Specify Yes or No)		27a. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27b. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

8165911

0745859 Page: 3 Of 4 06/24/2009

BK- 0609
PG- 7819

RS-Rev-2008T

264538 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:

MAR 26 2009

STATE REGISTRAR

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

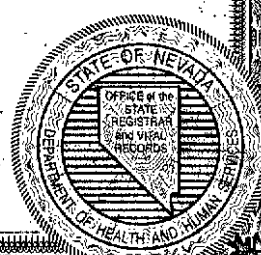


EXHIBIT A

LOT B8 in Block B as shown on the Final Map #1007-3 of Valley Vista Estates Phase 2 recorded in the Office of the Douglas County Recorder, State of Nevada, on August 29, 1997 in Book 897 at Page 6072 as Document No. 420670 Official Records.

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

