



This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).

Brandi Ballingham
Brandi Ballingham

APN: 1420-33-810-027

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Julie W. Goforth
1338 Judy Street
Minden, NV 89423

MAIL TAX STATEMENT TO:

Julie W. Goforth
1338 Judy Street
Minden, NV 89423

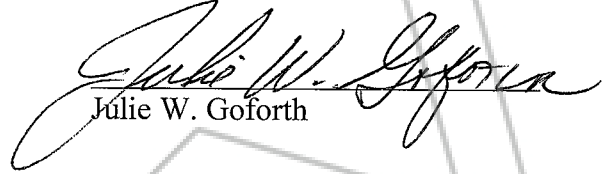
AFFIDAVIT OF DEATH OF JOINT TENANT

I, Julie W. Goforth, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the spouse and sole surviving joint tenant of Donald L. Goforth.
- (2) That a Deed, dated August 23, 2010, was made and executed by Donald L. Goforth and Julie W. Goforth, as joint tenants, recorded as Document No. 0736065 on August 23, 2010, of Official Records of Douglas County, Nevada.
- (3) That the property subject to joint tenancy is described in Exhibit A attached.
- (4) That Donald L. Goforth died on December 23, 2010, in Carson City, County of Carson City, Nevada. The death certificate is attached hereto as Exhibit B.




Executed on this 21 day of Jan., 2011, at Carson City Nevada.


Julie W. Goforth

STATE OF NEVADA)
 CARSON) ss:
COUNTY OF ~~DOUGLAS~~)

SUBSCRIBED AND SWORN TO before me this 21 day of JANUARY, 2011,
by Julie W. Goforth.



Notary Public

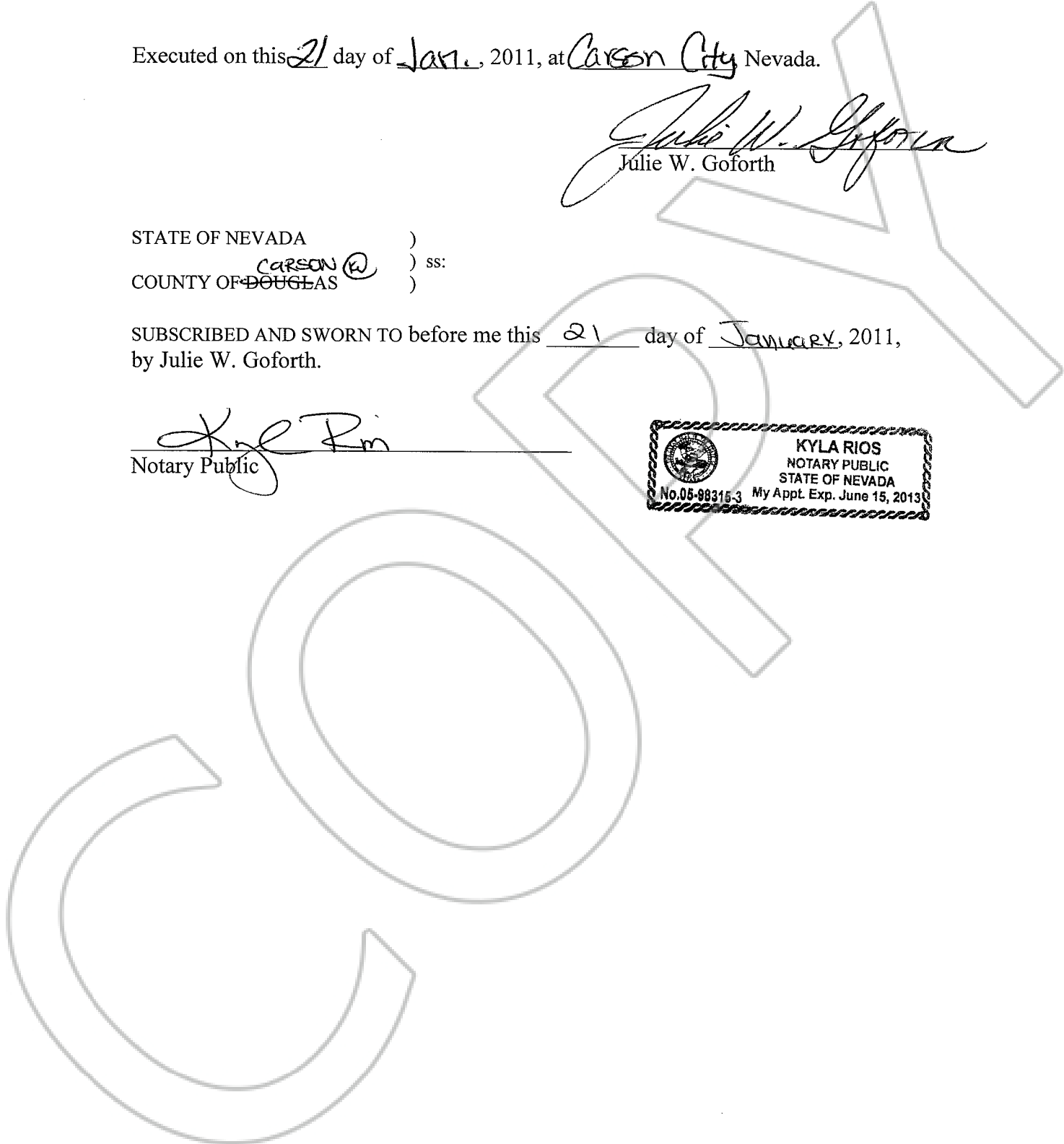
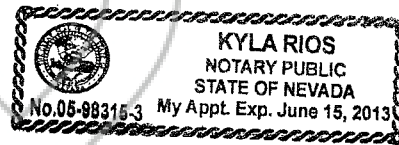




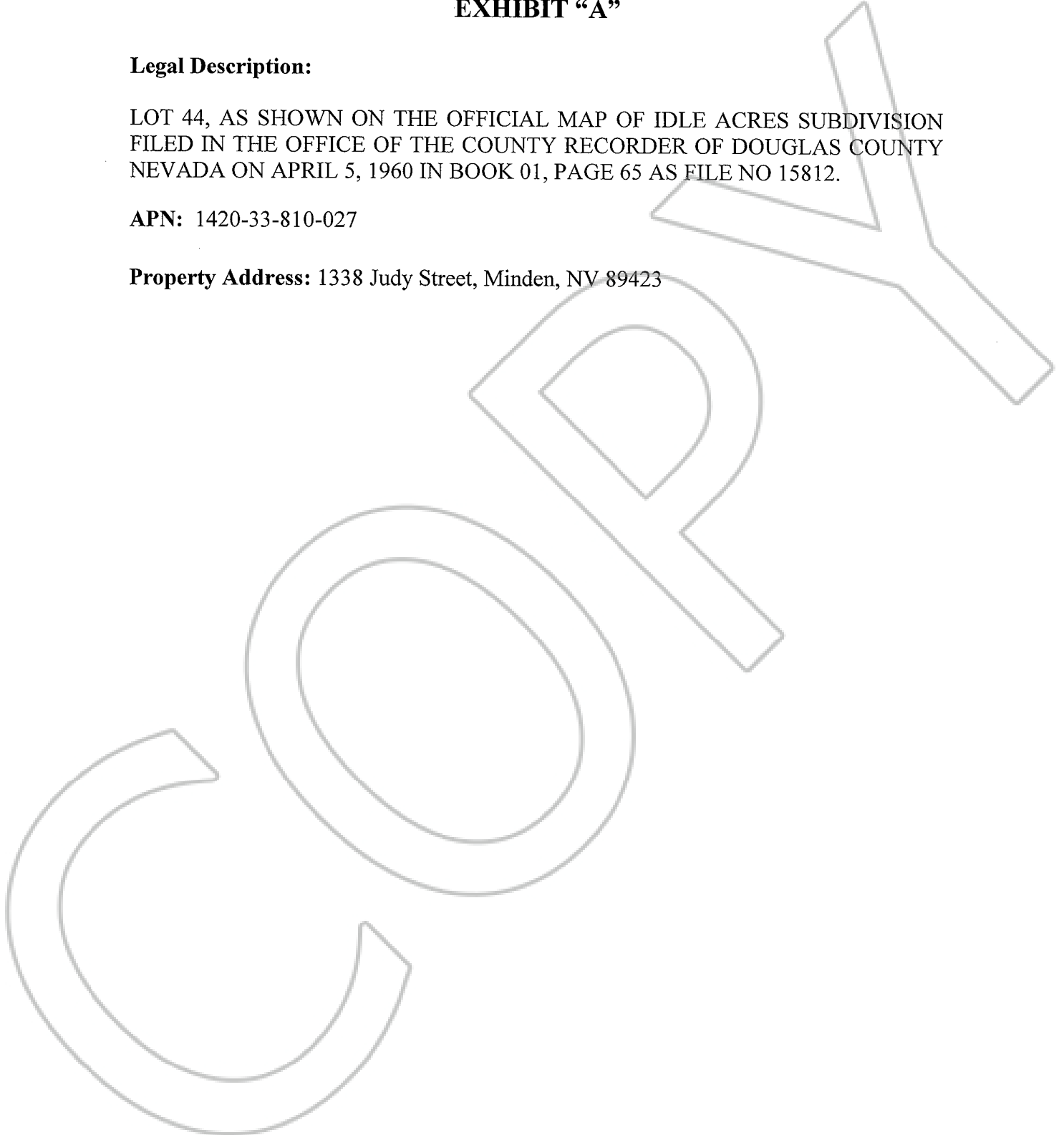
EXHIBIT "A"

Legal Description:

LOT 44, AS SHOWN ON THE OFFICIAL MAP OF IDLE ACRES SUBDIVISION
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY
NEVADA ON APRIL 5, 1960 IN BOOK 01, PAGE 65 AS FILE NO 15812.

APN: 1420-33-810-027

Property Address: 1338 Judy Street, Minden, NV 89423



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010019908

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) Donald Lee GOFORTH		2. DATE OF DEATH (Mo/Day/Year) December 23, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Nursing Home
6. RACE White (Specify)		6. Hispanic Origin? Specify No Non-Hispanic		7a. AGE - Last birthday (Years) 78	7b. UNDER 1 YEAR MOS: DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Julie WORSLEY		8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1932	
13. SOCIAL SECURITY NUMBER [REDACTED] 5608		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Product Manager		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1338 Judy Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Lee GOFORTH	
16. MOTHER - NAME (First Middle Last Suffix) Lorraine WINGER		17. MOTHER - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) Julie GOFORTH	
18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1338 Judy Street Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno	
19c. LOCATION - City or Town State Reno Nevada		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R	
20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompia Ln Carson City NV 89701		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED GAIL KRIVAN MD			
21b. DATE SIGNED (Mo/Day/Yr) January 04, 2011		21c. HOUR OF DEATH 20:30		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) Gail Krivan MD 604 W Washington Street Carson City, NV 89703			
23b. LICENSE NUMBER 9735		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 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) Acute Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Stage 4 Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.	
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



BK-111
PG-5198

777480 Page: 4 of 4 01/25/2011

VRS-Rev-20100216

367547

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: 01/06/2011

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

