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A.P.N. 1022-09-002-016

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0211 PG- 1078 RPTT: 0.00

When Recorded Mail To:
Frances C. Goodeluinias
1365 Sandstone Drive
Wellington, NV 89444



AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That THOMAS PAUL GOODELUINAS SR, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THOMAS GOODELUINAS named as one of the parties in that certain DEED dated March 28, 1990, executed by DONALD LEROY MULLINER and CAROL SUE MULLINER, husband and wife, parties of the first part and THOMAS GOODELUINAS and FRANCES C. GOODELUINAS, husband and wife, as joint tenants with the right of survivorship, parties of the second part, recorded as Instrument No. 223076, Book 390, Page 4290 on May 30, 1990 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 2, in Block N, as shown on the map of TOPAZ RANCH ESTATE, UNIT 4, filed in the office of the Recorder of Douglas County, Nevada.

TOGETHER with tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

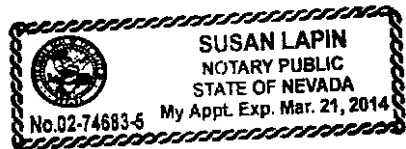
Dated: February 4, 2011

FRANCES C. GOODELUINAS

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

On Feb. 4, ~~2010~~ ²⁰¹¹, before me, a notary public, personally appeared FRANCES C. GOODELUINAS, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that SHE executed the instrument.

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009016269
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) Thomas Paul GOODELUINAS SR		2. DATE OF DEATH (Mo/Day/Year) October 30, 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) Evergreen Gardnerville		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 21, 1927		9a. STATE OF BIRTH (If not U.S.A. name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Cecelia BOGOVICH	
13. SOCIAL SECURITY NUMBER [REDACTED] 9771		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Aerospace Industry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1365 Sandstone Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER - NAME (First Middle Last Suffix) William GOODELUINAS	
17 MOTHER - NAME (First Middle Last Suffix) Katherine YURCAVAGE		18a. INFORMANT- NAME (Type or Print) Frances Cecelia GOODELUINAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1365 Sandstone Dr Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) LAURENCE GEORGE GAY 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) November 05, 2009		21c. HOUR OF DEATH 01:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Laurence George Gay M.D., PO Box 19936 Reno, NV 895110871				23b. LICENSE NUMBER 5152	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 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).)				Interval between onset and death	
PART I (a) Cardiac Arrest				Seconds	
DUE TO, OR AS A CONSEQUENCE OF: (b) Respiratory Failure				Interval between onset and death Hours	
DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II General Weakness and Debility				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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



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VRS-Rav-20090802

305633 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: 12/17/2009

Rud Wh...
SIGNATURE AUTHENTICATED

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

PBN-CO (REV) 11/06

