

DOC # 848694
 08/28/2014 10:07AM Deputy: SG
OFFICIAL RECORD
 Requested By:
 Stewart Title - Carson
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 2 Fee: \$15.00
 BK-814 PG-6507 RPTT: 0.00

A.P.N. No.:	1318-23-610-004
Escrow No.:	01415-11873
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Genevieve Goldberg	
100 Timber Ridge Way NV #1215	
Issaquah, WA 98027	



AFFIDAVIT - DEATH OF JOINT TENANT

State of WA)
) ss.
 County of King)

Genevieve Goldberg, of legal age, being first duly sworn, deposes and says: That Jacob Goldberg, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jacob Goldberg named as one of the parties in that certain Grant, Bargain & Sale Deed dated 9-13-94 executed by Randall J. Armstrong and Julee A. Armstrong husband and wife to Jacob Goldberg and Genevieve Goldberg, husband and wife as joint tenants, recorded as Document No. 349026, on 10-21-94 in Book 1094, Page 3526 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada.

Lot 4, Block A, of Lakewood Knolls Annex, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 12, 1959, as Document No. 14378.

Dated: August 26th, 2014.

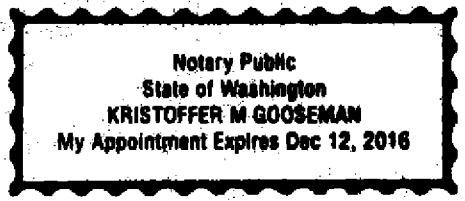
Genevieve Goldberg
 Genevieve Goldberg

State of WASHINGTON)
) ss.
 County of KING)

This instrument was acknowledged before me on 26th day of August, 2014.

By: Genevieve Goldberg

Signature: [Signature]
 Notary Public



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



BK 814
PG-6508

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Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **8970** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Jacob Goldberg				2. Death Date September 3, 2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 86	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 7881	6. County of Death King
7. Birthdate November 8, 1925		8a. Birthplace (City, Town, or County) Brooklyn		8b. (State or Foreign Country) NY	
9. Decedent's Education Some College Credit But No Degree			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		
11. Decedent's Race(s) White			12. Was Decedent over in U.S. Armed Forces? Yes		
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 100 Timber Ridge Way NW, # 1215				13b. City or Town Issaquah	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	
13f. Zip Code + 4 98027		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence 2 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Genevieve V. McCafferty	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Officer			18. Kind of Business/Industry (Do not use Company Name) US Military		
19. Father's Name (First, Middle, Last, Suffix) Sol Goldberg			20. Mother's Name Before First Marriage (First, Middle, Last) Rose Hoberman		
21. Informant's Name Genevieve V. Goldberg		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 100 Timber Way NW, # 1215 Issaquah, WA 98027	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other Than a Hospital Nursing Home					
25. Facility Name, (if not a facility, give number & street or location) Briarwood Health Center at Timber Ridge				26a. City, Town, or Location of Death Issaquah	
26b. State WA		27. Zip Code 98027			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Flintoft's Issaquah Crematory		30. Location-City/Town, and State Issaquah, WA 98027	
31. Name and Complete Address of Funeral Facility Flintoft's Funeral Home and Crematory 540 East Sunset Way Issaquah, WA 98027				32. Date of Disposition September 11, 2012	
33. Funeral Director Signature X <i>Elizabeth C. Bates</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MI Interval between Onset & Death: unknown Due to (or as a consequence of): Arrhythmical infarction Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. CAD Interval between Onset & Death: unknown Due to (or as a consequence of): cardiovascular vasculature disease c. Interval between Onset & Death: d. Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician X <i>[Signature]</i> Medical Examiner/Coroner	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Victoria Rouillard MD 7512 1st Ave Issaquah, WA 98029				50. Hour of Death (24hrs) 17:00	
51. Name and Title of Attending Physician (if other than Certifier) (Type of Physician) MD				52. Date Signed (mm/dd/yyyy) 9/5/2012	
53. Title of Certifier MD		54. License Number 00032314		55. M/E/Coroner File Number WA# 12-5287	
56. Was case referred to M/E/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) SEP 6 2012				DOH-01-003 (12/11)	

