

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Goulet
1395 Standish Circle
Lincoln, CA 95648

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-23-213-016

File No.: 141-2490424 (NMP)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

David Goulet ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Del J. Goulet** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 30, 2007** at **Stateline, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 15, 2007** executed by **Del J. Goulet** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **October 15, 2007** which was recorded as Instrument No. **0712195** in Book **1007**, Page **8892**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 44B, AS SHOWN ON THE MAP OF LAKE VILLAGE UNIT NO. 2-D, FILED IN THE OFFICE OF THE COUNTY RECORDER ON JUNE 5, 1972, AS DOCUMENT NO. 59803, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: August 26, 2015

DECLARANT:

David Goulet
David Goulet

State of California)

County of Placer)^{ss}

see attached

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: 3/19/19

Notary Name: Carrie A. Doherty Notary Phone: 530-306-8446
Notary Registration Number: 21037780 County of Principal Place of Business El Dorado

Dated: 8/26/15

For: Affidavit - Death of Trustee

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

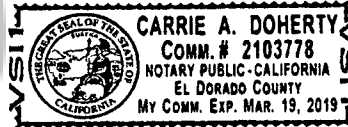
County of Placer

Subscribed and sworn to (or affirmed) before me on this 26th day
of August, 2015, by David Goulet

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Carla



(Seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007011012

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Ardel			1b. MIDDLE John			1c. LAST GOULET JR			2. DATE OF DEATH (Mo/Day/Year) November 30, 2007			3a. COUNTY OF DEATH Douglas					
	3b. CITY, TOWN, OR LOCATION OF DEATH Stateline			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 91 B North Rubicon Circle			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Male								
DECEDENT	5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 76			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) June 24, 1931		
	9a. STATE OF BIRTH (if not U.S.A. name country) Montana			9b. CITIZEN OF WHAT COUNTRY? United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED] 1944			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Clerk						14b. KIND OF BUSINESS OR INDUSTRY Pacific Gas & Electric								
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Stateline			15d. STREET AND NUMBER 91 B North Rubicon Circle			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Ardel J GOULET SR						17. MOTHER - NAME (First Middle Last Suffix) Fern BUTTS											
	18a. INFORMANT - NAME (Type or Print) Dave GOULET						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1395 Standish Circle Lincoln, California 95648											
DISPOSITION	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 Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701											
TRADE CALL	TRADE CALL - NAME AND ADDRESS																	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN LAURENCE BROOKS 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) December 05, 2007			21c. HOUR OF DEATH 15:45			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) PO Box 5637 Stateline, NV, 89449									23b. LICENSE NUMBER 5124								
	24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)									Interval between onset and death								
	(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Ruptured Aortic Aneurysm DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
	(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1									Interval between onset and death								
26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. 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

505400

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:

NOV 25 2013

STATE REGISTRAR

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

