

APN# : 1320-32-117-003

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

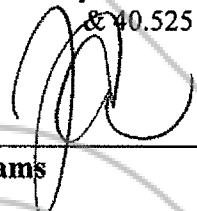
Dennis Godecke

44-875 Deep Canyon Road

Palm Desert, CA 92260

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

**Signature**



**Traci Adams**

**Escrow Officer**

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Dennis Godecke, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Ramona Marie Godecke, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ramona Marie Godecke named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/23/2007 executed by Clarence W. Godecke, Jr., and Ramona M. Godecke his wife as joint tenants to Clarence William Godecke Jr. and Ramona Marie Godecke, Trustees of The Godecke Family Trust dated July 23, 2007, recorded as instrument No. 0706065, on 7/24/2007, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 6 in Block D as shown on the Official Map of WILDROSE NO. 3, UNIT 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 04, 1973, in Book 473, Page 72, as Document No. 65028, of Official Records.

Dated \_\_\_\_\_

8/22/16

The Godecke Family Trust dated July 23, 2007

Dennis Godecke, Trustee

Dennis Godecke, Successor Trustee

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on

8/22/16

by Dennis Godecke.

[Signature]  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
VITAL STATISTICS**

**CERTIFICATE OF DEATH**

CASE FILE NO. 3870689

2015022552  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ramona Marie GODECKE</b>			2. DATE OF DEATH (Mo/Day/Year) <b>December 30, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or R.F.D. No. City or Town, State, Zip) <b>1583 Wildrose Dr</b>		3e. If Hosp. or Inst. indicates DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>86</b>	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 13, 1929</b>
	9a. STATE OF BIRTH (If not U.S.A.) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>16</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Clarence W GODECKE</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDSOME REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-4241</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1583 Wildrose Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clyde D REYNOLDS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie H ANDERSON</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Clarence GODECKE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1583 Wildrose Dr, Minden, Nevada 89423</b>				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
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) <b>NITA SCHWARTZ M.D.</b> 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) <b>December 30, 2015</b>		21c. HOUR OF DEATH <b>08:30</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV. 89703</b>			23b. LICENSE NUMBER <b>9114</b>			
REGISTRAR	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 31, 2015</b>		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
	PART I (e) <b>Cerebral Atherosclerosis</b>						Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) 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	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) <b>No</b>
							27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
	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

VRS-Rev-20120523a

610169

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:

1/7/2016

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

*Rud White*  
SIGNATURE AUTHENTICATED

