



KAREN ELLISON, RECORDER

APN # **1220-10-410-011**

Recording Requested By:  
Colleen M. Goulart  
PO Box 2731  
Minden, NV 89423

When Recorded Return To:  
Colleen M. Goulart  
PO Box 2731  
Minden, NV 89423

Mail Tax Statements To:  
Colleen M. Goulart  
PO Box 2731  
Minden, NV 89423


Space Above for Recorder's Office

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**AFFIDAVIT – DEATH OF JOINT TENANT**

**Please complete Affirmation Statement Below:**

(X) 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 as Required by law: NRS 440.380.

  
**SIGNATURE**

COLLEEN M. GOULART  
Print name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

**SPACE BELOW FOR RECORDER**

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APN # 1220-10-410-011

When Recorded Return To:  
Colleen M. Goulart  
PO Box 2731  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA ) ss:  
COUNTY OF DOUGLAS )

Colleen M. Goulart, of legal age, being duly sworn, deposes and says

That Jean Limb, the Decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jean Limb named as one of the parties in that certain Grant Bargain Sale Deed dated 10/08/2010 executed by Colleen M. Goulart, an unmarried woman, to Colleen M. Goulart, an unmarried woman and Jean Limb, a widow together as joint tenants with right of survivorship, recorded as Instrument Number 772124 on 10/14/2010 in Book 1010, Page 2630 of the Official Records of Douglas County, Nevada, covering the following described property.

**See Exhibit A attached hereto and made a part hereof.**

Dated: 1/4/19

Colleen M. Goulart  
Colleen M. Goulart

Signed  
SUBSCRIBED AND SWORN TO before me on the 4<sup>th</sup> day of January 2019 by Colleen M. Goulart.

Dorothy Lounsbury  
NOTARY PUBLIC

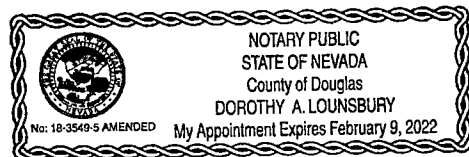


Exhibit A

A parcel of land located within a portion of the South one-half (S ½) of Section 10, Township 12 North, Range 20 East, M.D.M., Douglas County, Nevada, described as follows:

Beginning at a found 2" I.P. at the angle point on the North line of Lot 11 of the GARDNERVILLE RANCHOS UNIT NO. 1, Document No. 26665, said point bears North 42°15'47" West, 391.46 feet from the Westerly right of way of RIVER VIEW DRIVE,

Thence South 42°15'47" East, 320.80 feet;  
Thence South 89°48'00" West, 146.47 feet;  
Thence North 00°12'00" West, 18.00 feet;  
Thence South 89°48'00" West, 194.76 feet;  
Thence South 81°33'35" West, 29.12 feet;

Thence non-tangent to the preceding course along the arc of a curve to the left having a radius of 45.00 feet, a central angle of 72°05'53" and arc length of 56.63 feet, and a chord bearing of North 54°09'04" West, 52.96 feet;

Thence North 00°12'00" West, 269.41 feet;  
Thence South 69°15'31" East, 211.24 feet to the Point of Beginning.

Reference is made to Record of Survey to Support a Boundary Line Adjustment filed for record with the Douglas County Recorder on May 2, 1994 in Book 594 at page 120, as Document No. 336569, Official Records of Douglas County, Nevada.

The above metes and bounds description previously appeared in Document recorded December 23, 1997 in Book 1297, page 4543, as Document No. 429091, Official Records of Douglas County, Nevada.

SPACE BELOW FOR RECORDER

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3927586

**CERTIFICATE OF DEATH**

2016021810  
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) <b>Jean LIMB</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 28, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>1015 Eagle Ct.</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 03, 1935</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>6877</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1015 Eagle Ct.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John MOLIGNONI</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dina ZANON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Joseph LIMB</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1015 Eagle Ct. Gardnerville, Nevada 89410</b>			
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>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</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 - 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) <b>GARRETT D 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 02, 2016</b>		21c. HOUR OF DEATH <b>03:07</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Garrett D Schwartz M.D. 1520 Virginia Ranch Blvd Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>9086</b>		24a. REGISTRAR (Signature) <b>SHANNON JANE MCGUINNESS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 05, 2016</b>	
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) <b>Metastatic Adenocarcinoma Lung</b> DUE TO, OR AS A CONSEQUENCE OF: 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 (d) _____			
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>Yes</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



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: 12/7/2016

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

*Shannon Jane McGuinness*  
STATE REGISTRAR

SIGNATURE AUTHENTICATED

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]

