

APN# 1420-28-311-041

Recording Requested by/Mail to:

Name: Ernest E. Adler, Esq.

Address: 412 N. Division

City/State/Zip: Carson City, NV 89703

Mail Tax Statements to:

Name: Ruth Anne Goshorn

Address: 2866 Sierra Mesa Court

City/State/Zip: Minden, NV 89423



KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JT

Title of Document (required)

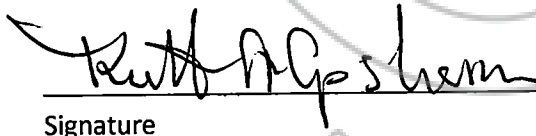
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Ruth Anne Goshorn, Surviving JT

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.P.N.:1420-28-311-041

WHEN RECORDED MAIL TO:

Ernest E. Adler, Esq.  
KILPATRICK, ADLER & BULLENTINI  
412 N. Division Street  
Carson City, Nevada 89703

MAIL TAX STATEMENTS TO:

Ruth Anne Goshorn  
2866 Sierra Mesa Court  
Minden, NV 89423

AFFIDAVIT OF SURVIVING JOINT TENANCY

STATE OF NEVADA    )  
                                  : ss.  
CARSON CITY         )

I, Ruth Anne Goshorn, do hereby swear under perjury that the assertions of this affidavit are true and declare the following:

1. Ruth Anne Goshorn, is the surviving tenant.

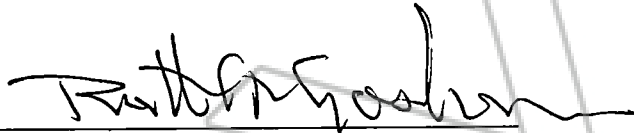
2. Marvin C. Goshorn, the decedent described in the attached certified copy of the Certificate of Death, is the same person as Marvin C. Goshorn, who is named as one of the parties in the deed dated April 22, 2015, executed by James F. Jeffrey and Suzanne E. Jeffrey, as husband and wife as joint tenants to Marvin C. Goshorn and the undersigned, as joint tenants, recorded on May 26, 2015, File No. 2015-862653, of the Official Records of Douglas County, Nevada, covering the property described as follows:

Lot 109, Block G, as shown on the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada on May 4, 2001 in Book 501, at Page 1402, as Document No. 513570, and further Certificate of Amendment recorded July 17, 2001 in Book 701, Page 3937 as document No. 518483.

TOGETHER with all tenements, hereditaments, and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

3. At the time of death of Marvin C. Goshorn, title to the real property described in paragraph 2 above continued to be held by MARVIN C. GOSHORN AND RUTH ANNE GOSHORN, husband and wife, as joint tenants. As a result of the death of Marvin C. Goshorn and the joint tenancy form of title, the real property described in paragraph 2 above is now owned by RUTH ANNE GOSHORN, surviving joint tenant.

Dated this 10 day of July, 2019.

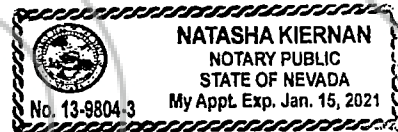


Ruth Anne Goshorn, Surviving Joint Tenant

SUBSCRIBED and SWORN (or affirmed) to  
before me by Ruth Anne Goshorn, Surviving Joint Tenant  
this 10 day of July, 2019.



Notary Public



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

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

CASE FILE NO. 4022567

**CERTIFICATE OF DEATH**

**2018010636**

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>Marvin Charles GOSHORN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 01, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) <b>Renown Regional Medical Center Inpatient</b>		4. SEX <b>Male</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 13, 1934</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Ruth Anne HARRISON</b>			
13. SOCIAL SECURITY NUMBER <b>██████-7142</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Certified Public Accountant</b>		<b>Aerospace</b>		Ever in US Armed Forces? <b>Yes</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>2866 Sierra Mesa Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold GOSHORN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie MEYERS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Ruth Anne GOSHORN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2866 Sierra Mesa Ct Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>SIGNATURE AUTHENTICATED</b> <b>CALEB FRINK APRN</b>			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>June 04, 2018</b>		21c. HOUR OF DEATH <b>10:28</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)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Caleb Frink APRN 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>APRN002182</b>	
24a. REGISTRAR (Signature) <b>VICTORIA STEBBINS</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 04, 2018</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				Interval between onset and death	
(a) <b>Cardiorespiratory Failure.</b>				Interval between onset and death	
(b) <b>Aspiration Pneumonia.</b>				Interval between onset and death	
(c) <b>Unknown Etiology</b>				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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, HGM, 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



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: **JUN 05 2018**

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

*Julie Katcheva*  
STATE REGISTRAR

