

RECORDING REQUESTED BY:
 Molly Ann Goldy
 605 Long Valley Road
 Gardnerville, NV 89460

AND WHEN RECORDED MAIL TO:
 Molly Ann Goldy
 605 Long Valley Road
 Gardnerville, NV 89460



KAREN ELLISON, RECORDER

Order No.:
 Escrow No.:
 APN: 1220-27-110-025

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF SURVIVING SPOUSE
Succeeding to Community Property (NRS 111.365)

STATE OF NEVADA)
) SS.
 COUNTY OF DOUGLAS)

I, Molly Ann Goldy of legal age, being first duly sworn, deposes and says:

- Matthew A Goldy is the decedent mentioned in the attached certified copy of Certificate of Death, who died on October 9, 2020, at Renown Regional Medical Center, Reno, Nevada.
- I am the surviving spouse of Decedent and was married to Decedent on the date of death.
- Decedent and I at all times considered the following real property situated in the County of Douglas County, State of Nevada to be **community property**: 605 Long Valley Road, Gardnerville, NV; parcel number 1220-27-110-025

Exhibit "A" is attached hereto and made a part hereof

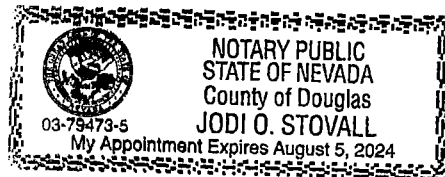
- More than forty (40) days have passed since decedent's death.
- This affidavit is made for the benefit and protection of my successors and all other parties dealing with such property, including title insurance companies insuring title to such property.

Dated: 12-31-2020

Molly Goldy
 Molly Goldy

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.

Subscribed and sworn to (or affirmed) before me on this 31 day of DECEMBER, 2020, by MOLLY GOLDY
 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature Jodi O. Stovall

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

EXHIBIT A

NAME / ADDRESS:

**Matthew Goldy
605 Long Valley Rd.
Gardnerville, NV 89410**

PARCEL NUMBER: 1022-27-110-025

GRANTEE(S): Matthew Goldy, a single man

DESCRIPTION OF PROPERTY:

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

Lot 992, of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

APN: 1220-27-110-025

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining to the reversion, remainders, rents,

issues and profits thereof.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4172281 **CERTIFICATE OF DEATH** 2020022572
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a DECEASED-NAME (FIRST MIDDLE LAST,SUFFIX) Matthew Allen GOLDY		2 DATE OF DEATH (Mo/Day/Year) October 09, 2020		3a COUNTY OF DEATH Washoe	
3b. CITY TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name,(If not e.ther, give street ar number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 41		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) April 02, 1979		9a STATE OF BIRTH, (if not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Molly RAINEY	
13 SOCIAL SECURITY NUMBER [REDACTED]-5421		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Lead Firearm Specialist		14b KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 605 Long Valley Rd		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Marshall GOLDY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Anne KINSEY		
18a INFORMANT- NAME (Type or Print) Molly GOLDY		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 605 Long Valley Rd Gardnerville, Nevada 89460			
19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) LEIGH R ANDERSON MD 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) October 13, 2020		21c HOUR OF DEATH 04:33		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bruce W Denney MD		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) Leigh R Anderson MD 1155 Mill St Reno, NV 89502				23b LICENSE NUMBER 12373	
24a REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 15, 2020		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))				Interval between onset and death	
PART I					
(a) Acute Hypoxic Respiratory Failure				Interval between onset and death	
(b) Acute Respiratory Distress Syndrome				Interval between onset and death	
(c) Septic Shock				Interval between onset and death	
(d) Acute Severe Pancreatitis				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Pulseless Electrical Activity, Acute kidney injury, Hyperkalemia, Rhabdomyolysis, Chronic Alcohol Abuse				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify yes or No) Yes					
28a ACC, SLIC, DE, 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	

PARENTS

DISPOSITION

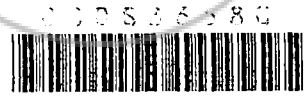
TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST



CERTIFIED COPY OF VITAL RECORDS

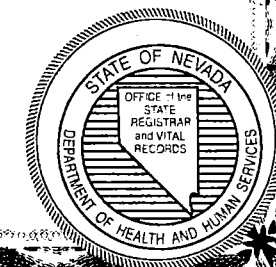
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

10/28/2020

STATE REGISTRAR
Jan Singh



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE