

APN #1320-32-702-002

DOUGLAS COUNTY, NV
Rec: \$40.00
Total: \$40.00
COLLEEN GOULART

2021-966404
04/28/2021 10:14 AM
Pgs=3

Recording Requested by And
When Recorded Return to:

Colleen M. Goulart
P.O. Box 2731
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Statements to:

Colleen M. Goulart
P.O. Box 2731
Minden, NV 89423

Space Above for Recorder's Use

AFFIDAVIT- DEATH OF TRUSTEE

COLLEEN M. GOULART, Successor Trustee of the LIMB FAMILY TRUST, of legal age, being first 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 in that certain deed dated ~~4/22/2002~~, ~~12/22/82~~ ^{12/22/82} recorded on 12/22/82, Document No. 74247 in the official records, Douglas County, Nevada, for that certain property situated in the County of Douglas, State of Nevada, more particularly described as follows:

The address is 1524 U.S. Highway 395, Gardnerville, Nevada. The property is located on the southeasterly corner of U.S. Highway 395 and Centertowne Drive in the central part of Gardnerville.
APN #1320-32-702-002

I am successor trustee of the same Trust under which said decedent held title as Trustee pursuant to that Deed described above, and I am designated and empowered pursuant to the terms of said trust to serve as trustee thereof.

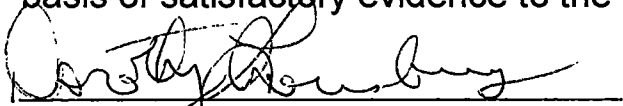
Dated: 4/27/2021

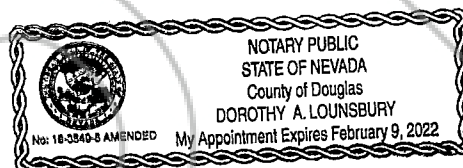
Colleen M. Goulart
Colleen M. Goulart, Successor Trustee
of the Limb Family Trust dated August 9, 1990

**Loose Certificate
Attached**

State of Nevada)ss:
County of Douglas)

SUBSCRIBED AND SWORN to (or affirmed) before me on the 27,
day, of April, 2021, by COLLEEN M. GOULART, proved to me on the
basis of satisfactory evidence to the person who appeared before me.


NOTARY PUBLIC



This jurat is attached to a

Affidavit - Death of Trustee

Dated April 27, 2021

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 OF
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) Jean LIMB		2. DATE OF DEATH (Mo/Day/Year) November 28, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 1015 Eagle Ct.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Home	
4. SEX Female		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) November 03, 1935	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR 7c. UNDER 1 DAY	
9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER -6877	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1015 Eagle Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John MOLIGNONI	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dina ZANON		18a. INFORMANT- NAME (Type or Print) Joseph LIMB		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1015 Eagle Ct. Gardnerville, Nevada 89410	
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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) GARRETT D SCHWARTZ 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 02, 2016		21c. HOUR OF DEATH 03:07		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) Garrett D Schwartz M.D. 1520 Virginia Ranch Blvd Gardnerville, NV 89410				23b. LICENSE NUMBER 9086	
24a. REGISTRAR (Signature) SHANNON JANE MCGUINNESS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 2016		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) Metastatic Adenocarcinoma Lung DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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



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.

Cody D. Higgins
STATE REGISTRAR
SIGNATURE AUTHENTICATED

