

APN# 1220-04-510-016

Recording Requested by/Mail to:

Name: Toiyabe Title, LLC

Address: 6774 S McCarran Blvd #102

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Sharon Anne Goff

Address: PO Box 632

City/State/Zip: Gardnerville, NV 89410-0632

AFFIDAVIT OF SUCCESSOR TRUSTEE(S) OF THE REVOCABLE LIVING TRUST OF DONALD B. GOFF AND SHARON ANNE GOFF

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

CASEY KILGORE

Printed Name

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

APN: 1220-04-510-016

ESCROW NO.: 2214026

RECORDING REQUESTED BY:

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131

WHEN RECORDED MAIL TO:

PO Box 632 , Gardnerville, NV 89410 - 0632

**AFFIDAVIT OF SUCCESSOR TRUSTEE(S) OF THE REVOCABLE LIVING TRUST OF
DONALD B. GOFF AND SHARON ANNE GOFF**

I, SHARON ANNE GOFF, am of legal age, being first duly sworn, deposes and says:

- 1) Donald B Goff, the decedent named in the attached copy of the Certificate of Death, is the same person named in that Quitclaim Deed which was executed by DONALD B. GOFF and SHARON ANNE GOFF, as Grantor and named DONALD B. GOFF and SHARON ANNE GOFF as Trustees of the REVOCABLE LIVING TRUST OF DONALD B. GOFF AND SHARON ANNE GOFF, as Grantee, dated 11/8/2020, and recorded 11/10/2020, in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I, SHARON ANNE GOFF, am the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

I, SHARON ANNE GOFF, declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.


Dated: April 26, 2022


SHARON ANNE GOFF

State of Nevada

County of Washoe

This instrument was acknowledged before me on this 27 day of April, 2022 by Sharon Anne Goff.***


Notary Public

 CASEY KILGORE
Notary Public - State of Nevada
Appointment Recorded in Storey County
No: 21-3518-16 - Expires February 24, 2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4248661

CERTIFICATE OF DEATH

2021028514
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

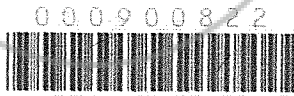
CERTIFIER

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) Donald B GOFF		2. DATE OF DEATH (Mo/Day/Year) November 15, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1340 Toiyabe Ave		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER 1322		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Route Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Mission Linen Supply	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1340 Toiyabe Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1946	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John B GOFF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen M LANGLEY		
18a. INFORMANT - NAME (Type or Print) Sharon GOFF		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1340 Toiyabe Ave Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) REED DOPF MD			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) November 16, 2021		21c. HOUR OF DEATH 07:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 2021	
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) Respiratory Arrest		Interval between onset and death			
(b) Acute Respiratory Failure		Interval between onset and death			
(c) Cirrhotic Liver Disease		Interval between onset and death			
(d) Alcohol Dependence		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. Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	



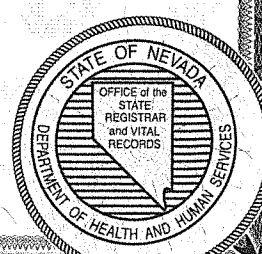
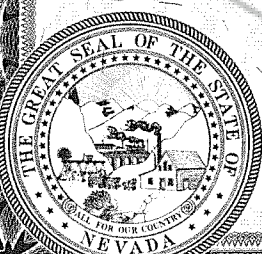
CERTIFIED COPY OF VITAL RECORDS

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: 11/19/2021

Janey Gray
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

Lot 30, as shown on the Map of the CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1, filed in the office of the County Recorder of Douglas County, on July 19, 1965.

