

WHEN RECORDED MAIL TO:
Clyde Dean Simmons, Co-Trustee of The
Goehring Trust Agreement dated
February 1,1993
4890 Bryce Drive
Carson City, NV 89706

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02203109-RLT

APN No.: 1220-22-310-131

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

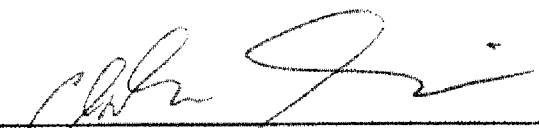
Clyde Dean Simmons, being duly sworn, deposes and says:

1. Jerald Leslie Goehring, the decedent mentioned in attached copy of Certificate of Death, is the same person as Jerald L Goehring named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated May 8 1996, executed by Bernard L Allen and Patricia A Allen husband and wife to Jerald L Goehring and Wanda L Goehring Trustees of the Goehring Trust Agreement Dated February 1 1993, recorded on May 10 1996 as instrument number 387511, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

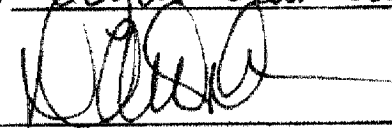
2. That I, Clyde Dean Simmons, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

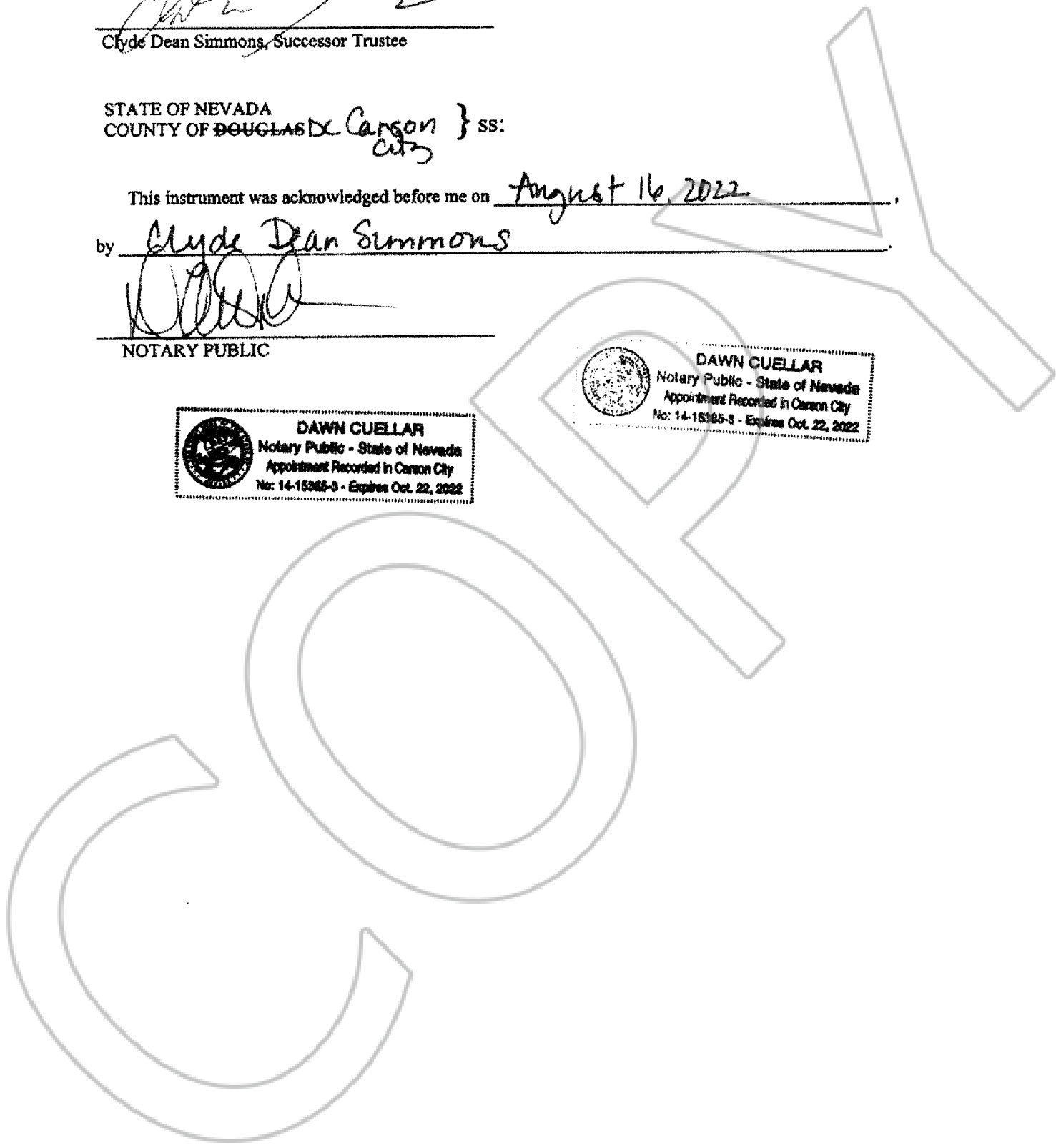
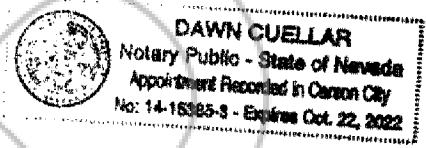
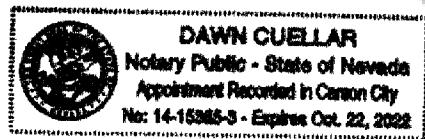
Dated: 16 AUG 2022


Clyde Dean Simmons, Successor Trustee

STATE OF NEVADA
COUNTY OF ~~DOUGLAS~~ Carson } SS:
City

This instrument was acknowledged before me on August 16, 2022,
by Clyde Dean Simmons


NOTARY PUBLIC

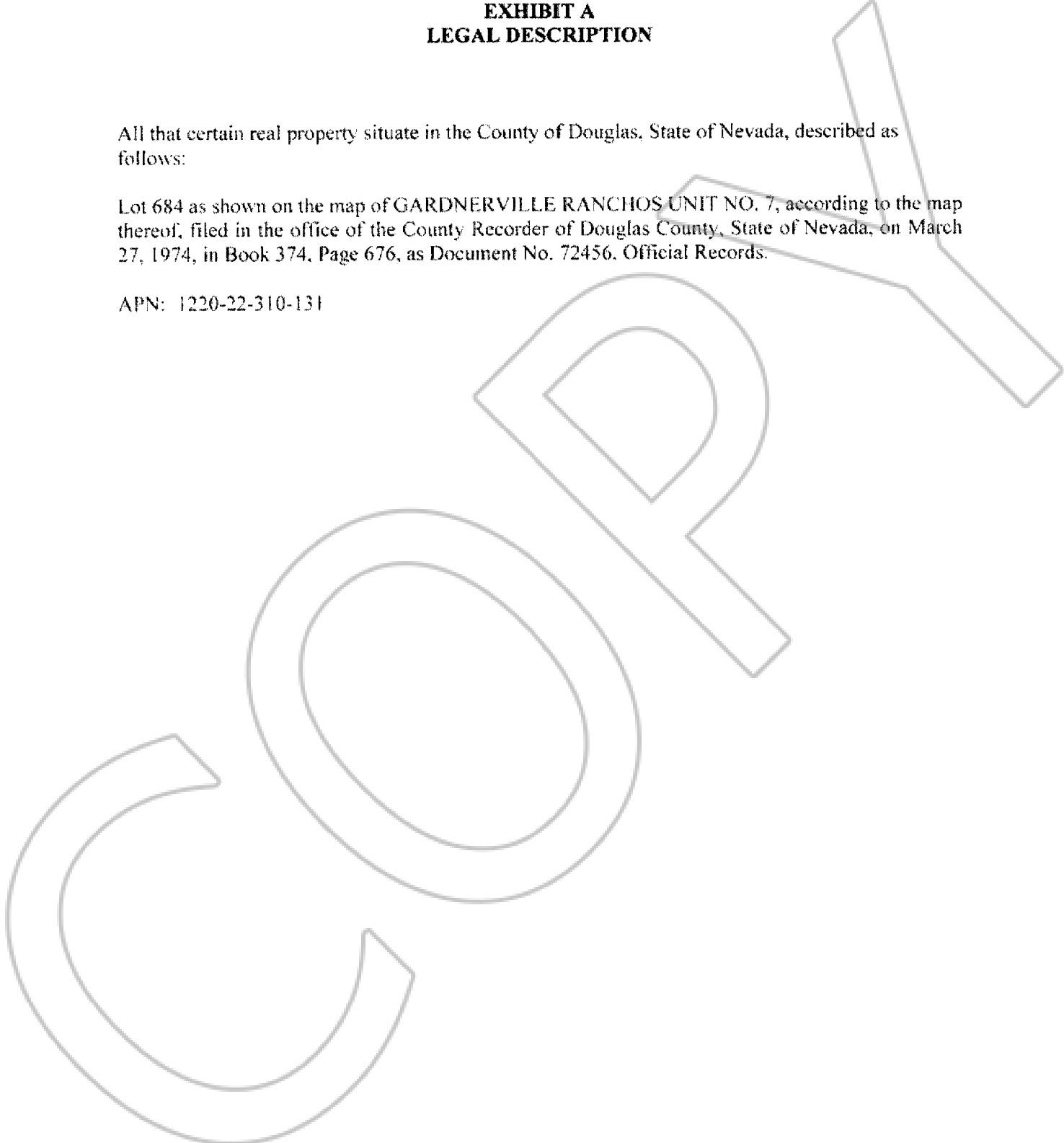


**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 684 as shown on the map 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 Document No. 72456. Official Records.

APN: 1220-22-310-131



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4039940

CERTIFICATE OF DEATH

2018017448
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) Jerald Leslie		2. DATE OF DEATH (Mo/Day/Year) September 10, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street or apt. No. - Non-Hispanic) Renown Regional Medical Center		3d. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Wanda PULLUM		8. DATE OF BIRTH (Mo/Day/Yr) September 03, 1939	
13. SOCIAL SECURITY NUMBER ██████████ 9304		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Manager		14b. KIND OF BUSINESS OR INDUSTRY Petroleum Distribution Center	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1024 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John GOEHRING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha MAISCH		
18a. INFORMANT - NAME (Type or Print) Wanda GOEHRING		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1024 Wisteria Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln. Carson City NV 89701	
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) KELLE L BROGAN 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) September 11, 2018		21c. HOUR OF DEATH 12:48		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 1155 Mill St Reno, NV 89502	
23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2018	
24c. SIGNATURE AUTHENTICATED		24d. 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).) Metastatic Cancer To The Liver Probable Pancreatic Primary	
25a. ACC. SUICIDE, HGM, UNDET OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		25e. INTERVAL BETWEEN ONSET AND DEATH		25f. INTERVAL BETWEEN ONSET AND DEATH	
25g. INTERVAL BETWEEN ONSET AND DEATH		25h. INTERVAL BETWEEN ONSET AND DEATH		25i. INTERVAL BETWEEN ONSET AND DEATH	
25j. INTERVAL BETWEEN ONSET AND DEATH		25k. INTERVAL BETWEEN ONSET AND DEATH		25l. 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				28a. INJURY AT WORK (Specify Yes or No)	
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28d. 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: **OCT 01 2018**

Julie Katcheva
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

