

APN: 1320-32-613-012

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:
Barbara Lang Goodspeed
1532 Gardner St.
Gardnerville, NV 89410



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) ss.
DOUGLAS COUNTY)

I, Barbara Lang Goodspeed, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 1532 Gardner Street, Gardnerville, situated in the State of Nevada, County of Douglas, APN: 1320-32-613-012, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by George Francis Goodspeed Jr. and Barbara Lang Goodspeed, as Trustees of the Goodspeed Family Trust, dated May 7, 2015, by Grant, Bargain, Sale Deed executed by George Francis Goodspeed Jr. and Barbara Lang Goodspeed on September 12, 2018, which deed was thereafter recorded with the Douglas County Recorder on September 14, 2018;

That George Francis Goodspeed Jr. died on December 1, 2022, as identified in Certificate of Death #2022028636, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That George Francis Goodspeed Jr. is the same person as George Francis Goodspeed Jr., Trustee of the Goodspeed Family Trust, dated May 7, 2015; and

That Affiant, Barbara Lang Goodspeed, is the successor Trustee under the above-referenced Trust, which was in effect at the time of George Francis Goodspeed Jr.'s death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: April 12, 2023

Barbara Lang Goodspeed
Barbara Lang Goodspeed, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on April 12, 2023, by Barbara Lang Goodspeed.

Michael G. Millward
Notary Public

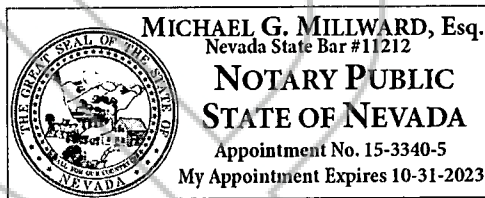
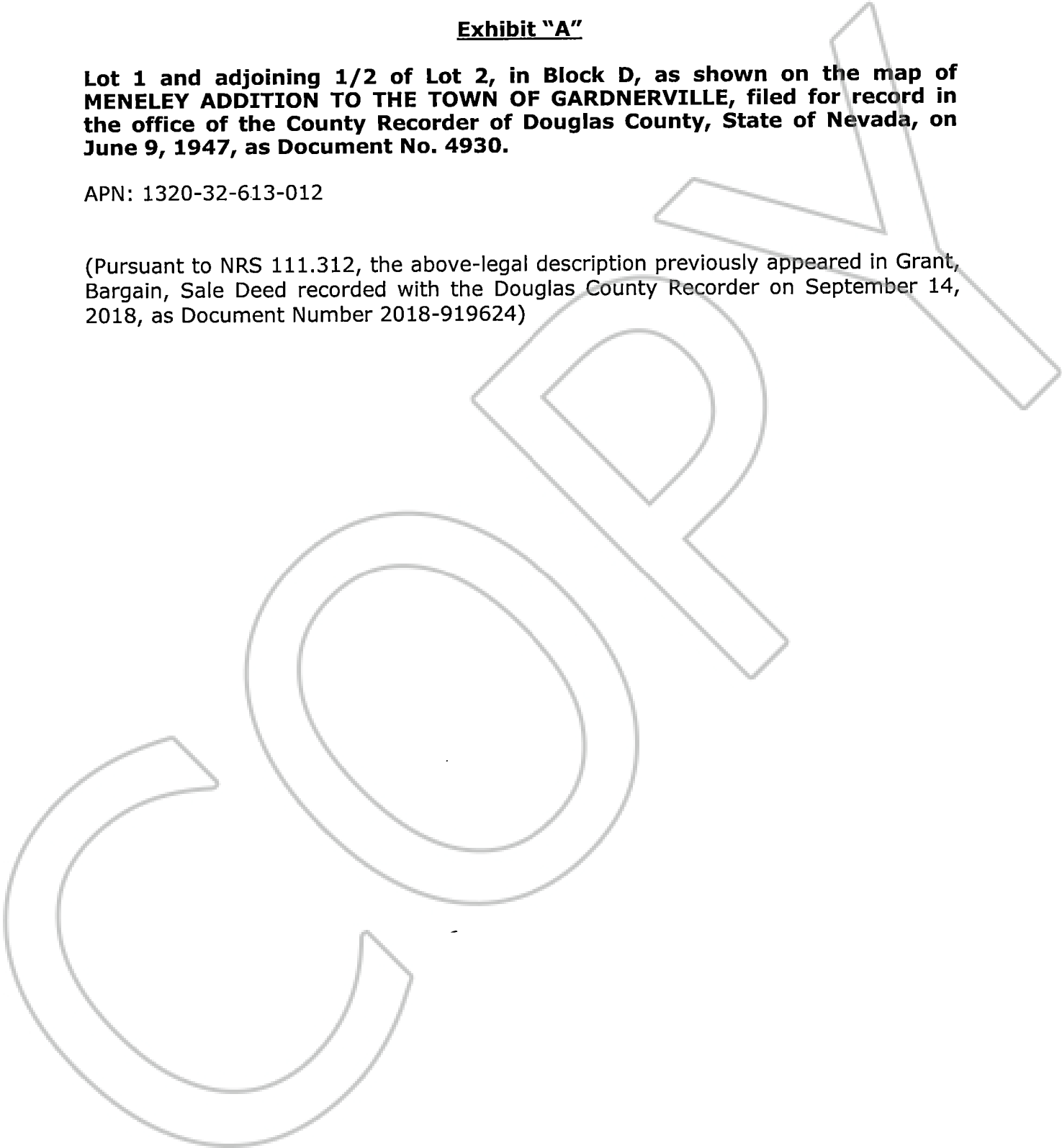


Exhibit "A"

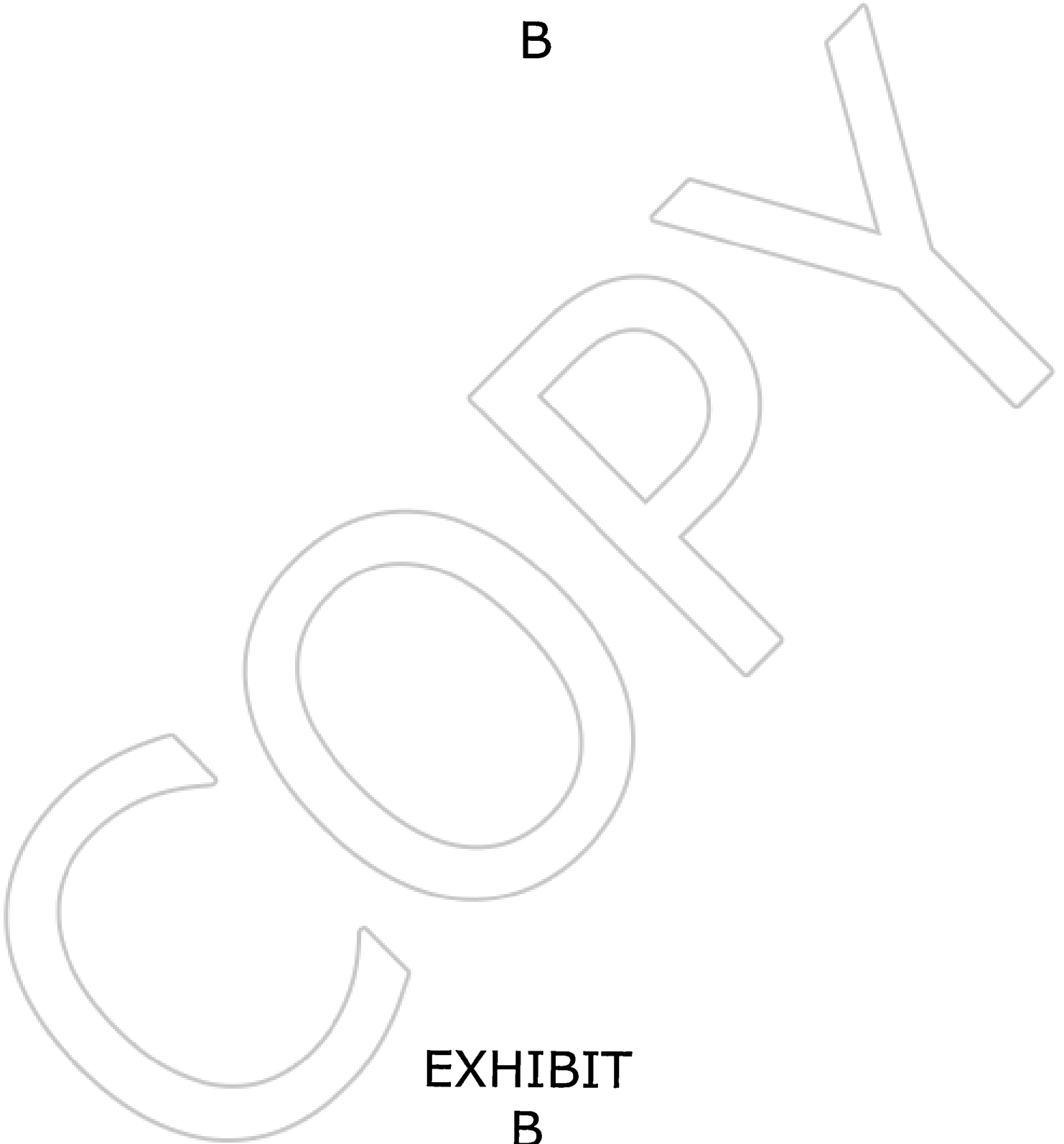
Lot 1 and adjoining 1/2 of Lot 2, in Block D, as shown on the map of MENELEY ADDITION TO THE TOWN OF GARDNERVILLE, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 9, 1947, as Document No. 4930.

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(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain, Sale Deed recorded with the Douglas County Recorder on September 14, 2018, as Document Number 2018-919624)



**EXHIBIT
B**



**EXHIBIT
B**

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4320472

CERTIFICATE OF DEATH

2022028636
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) George F GOODSPEED Jr		2. DATE OF DEATH (Mo/Day/Year) December 01, 2022		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) 1532 Gardner Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 23, 1950		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Lang MILLER	
13. SOCIAL SECURITY NUMBER 1476		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Project Manager		14b. KIND OF BUSINESS OR INDUSTRY Bentley Enterprises	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1532 Gardner Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George F GOODSPEED Sr			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Lynette JOYCE		
18a. INFORMANT - NAME (Type or Print) Barbara GOODSPEED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1532 Gardner Street Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ 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) December 07, 2022		21c. HOUR OF DEATH 20:00		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) Nita Schwarz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 2022		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) Emphysema				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) 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 Registrar and Vital Records.

DATE ISSUED:

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

