

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:

ORDER NO. 2000145
A.P.N. No.: 1219-15-001-099

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

William E. Goggins of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Quitclaim Deed dated February 14, 1997, executed by William E. Goggins and Judith A. Goggins to William E. Goggins and Judith A. Goggins Family Trust dated December 30, 1996, recorded as Instrument No. 0407227 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

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

Lot 41, as shown on the Official Map of SHERIDAN ACRES UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 8, 1966, in Book 41, Page 192, as Document No. 32486, Official Records.

2. That I 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 of 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 subject property.

Dated: 6/22/ 2023

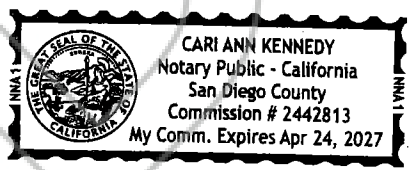
William E. Goggins and Judith A. Goggins Family Trust
Trust William E. Goggins
By: _____
William E. Goggins, Trustee

State of CA)
County of San Diego) ss

This instrument was acknowledged before me on the 12 day of June, 2023
By: William E. Goggins as Trustee of William E. Goggins, Trustee of the William E. Goggins and Judith A. Goggins Family Trust Dated December 30, 1996.

Signature: _____
Notary Public

My Commission Expires: 4.24.2027



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

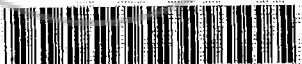
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4176933

CERTIFICATE OF DEATH

2020024654
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Judith Ann GOGGINS			2. DATE OF DEATH (Mo/Day/Year) November 05, 2020		3a. COUNTY OF DEATH Carson City		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson Tahoe Care Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home		4. SEX Female	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic.		7a. AGE-Last birthday (Years) 83	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MIN'S	8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1937
	9a. STATE OF BIRTH (If not US/CA name country) Kansas		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) William GOGGINS
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 1028		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BANKER (Financial Manager)		14b. KIND OF BUSINESS OR INDUSTRY BANKING		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 391 Tucke Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First, Middle Last Suffix) Paul Byron OTTMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred Esta DAVIS				
PARENTS	18a. INFORMANT- NAME (Type or Print) William GOGGINS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 391 Tucke Ct 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 THOMAS 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				
DISPOSITION	TRADE CALL - NAME AND ADDRESS							
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICARDO R ALMAGUER DO 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) November 10, 2020		21c. HOUR OF DEATH 15:30		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
	22d. PRONOUNCED DEAD (Mo/Day/Yr)					22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ricardo R Almaguer DO 1001 Mountain Street Carson City, NV 89703					23b. LICENSE NUMBER DO925		
	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I							
	(a) Cardiopulmonary Arrest							
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) Pulmonary Arrest								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(c) Congestive Heart Failure								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(d) Etiology Otherwise Unknown								
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) 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:

Wesley T Storey
STATE REGISTRAR

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

