

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT AND TAX STATEMENTS TO:

JENNIFER GOULD
740 VIA CONCEPCION
RIVERSIDE, CA 92506

RONALD L. GOULD
4197 MARIPOSA AVE
RIVERSIDE, CA 92503



00185074202410111220030033

SHAWNYNE GARREN, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1319-00-002-039

AFFIDAVIT – DEATH OF TRUSTEE

Ronald C. Gould, Successor Trustee of Trust B created under the Edward and Marjorie Gould Trust dated 10/27/94, being of legal age and duly sworn, hereby deposes and says:

That MARJORIE D. GOULD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARJORIE D. GOULD** named as the transferee trustee in that certain **GRANT DEED** dated December 14, 2017 recorded as Instrument Number 2017-908430 on December 26, 2017 in the Official Records of Douglas County, State of Nevada, covering the real property described on Exhibit A attached hereto;

That the undersigned is the currently acting successor trustee of the above-named trust and has consented to act as trustee and has assumed the powers and duties as trustee of such trust; and

That this Affidavit is made for the protection and benefit of all person(s) hereafter acquiring an interest in or dealing with the subject property.

Dated: 2-24-24

Ronald C. Gould
RONALD C. GOULD, Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BERNARDINO)

Subscribed and sworn to (or affirmed) before me on this 24th day of July, 2024, by RONALD C. GOULD, proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

Signature C. A. Kinsman

(Seal).

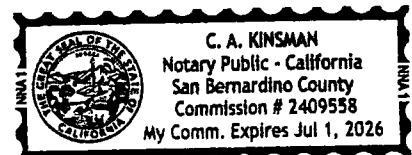


EXHIBIT "A"

An undivided 42.18% interest in

Township 13 North, Range 19 East, M.D.B. & M., Section 28: South 1/2 of the Southwest 1/4
Section 33: North 1/2 of the Northwest 1/4.

Land is further shown as Parcels 1, 2, 3, and 4 as shown on Land Division Map for
Mountain Investments, recorded May 2, 1979, in Book 579, Page 67, Document No.
32039, of official records of Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052023168734

CERTIFICATE OF DEATH

3202333010577

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/01)			LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) MARJORIE		2 MIDDLE DEAN		3 LAST (Family) GOULD		
	AKA: AL SO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4 DATE OF BIRTH mm/dd/yyyy 01/23/1927	5 AGE Yrs 96	6 SEX F
	9 BIRTH STATE/FOREIGN COUNTRY CA	10 SOCIAL SECURITY NUMBER [REDACTED]-2785	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> U.K.	12 MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	7 DATE OF DEATH mm/dd/yyyy 07/28/2023	8 HOUR (24 hours) 1526	
	13 EDUCATION - Highest Level/Degree HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOME MAKER			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19 YEARS IN OCCUPATION 78		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or location) 5256 AGATE ST						
	21 CITY RIVERSIDE		22 COUNTY/PROVINCE RIVERSIDE		23 ZIP CODE 92509	24 YEARS IN COUNTY 96	
	25 STATE/FOREIGN COUNTRY CA						
INFORMANT	26 INFORMANT'S NAME - RELATIONSHIP DONNA GULD-EDWARDS, AHCD			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP) 5635 INDIAN PALMS DRIVE, RIVERSIDE, CA 92509			
	28 NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29 MIDDLE -		30 LAST (BIRTH NAME) -		
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT - FIRST JAMES		32 MIDDLE EDWARD		33 LAST BROWN		
	34 BIRTH STATE TN		35 NAME OF MOTHER/PARENT - FIRST INES		36 MIDDLE PAULINE		
	37 LAST (BIRTH NAME) TURNER		38 BIRTH STATE MO				
FUNERAL DIRECTORY/ LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/yyyy 08/04/2023		40 PLACE OF FINAL DISPOSITION GREEN ACRES MEMORIAL PARK 11715 CEDAR AVE, BLOOMINGTON, CA 92316				
	41 TYPE OF DISPOSITION(S) BURIAL		42 SIGNATURE OF EMBALMER BRENDA M PADILLA		43 LICENSE NUMBER EMB9684		
	44 NAME OF FUNERAL ESTABLISHMENT GREEN ACRES MEMORIAL PARK MORTUARY		45 LICENSE NUMBER FD1248		46 SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.D.		
PLACE OF DEATH	47 DATE mm/dd/yyyy 08/03/2023						
	101 PLACE OF DEATH RESIDENCE-HOSPICE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> DEDICATED HOME <input type="checkbox"/> Other		
	104 CITY RIVERSIDE	105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5256 AGATE ST			106 CITY RIVERSIDE		
PHYSICIAN'S CERTIFICATION	107 CAUSE OF DEATH E = in the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without identifying the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A: ALZHEIMER'S DEMENTIA						
	108 DEATH REPORTED TO CORNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 EMOPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE						
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO						
CORONER'S USE ONLY	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since: Decedent Last Seen Alive:		115 SIGNATURE AND TITLE OF CERTIFIER OMAR JAVID BASHIR, DO		116 LICENSE NUMBER 20A8694		
	117 DATE mm/dd/yyyy 11/23/2022		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE OMAR JAVID BASHIR, DO 735 E. CARNEGIE DRIVE #240, SAN BERNARDINO, CA 92408		117 DATE mm/dd/yyyy 08/02/2023		
	119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		121 INJURY DATE mm/dd/yyyy		
122 HOUR (24 hours)							
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126 SIGNATURE OF CORONER / DEPUTY CORONER			127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health

DATE ISSUED **Aug 21, 2023**

Dr. Geoffrey Leung M.D. Ed M. County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

