

APN: 1318-26-511-010

Recordation Requested By / Return To:

WFG Lender Services
2625 Townsgate Road, Suite 101
Westlake Village, CA 91361
File No. 2497562nv

MAIL TAX STATEMENTS TO:

Larry D. Goodman
157 Pine Drive
Stateline, NV 89449

AFFIDAVIT OF DECEASED JOINT TENANT

STATE OF Nevada
COUNTY OF Douglas

BEFORE ME, the undersigned Notary Public, personally appeared **Larry D. Goodman**, of legal age, as the surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his/her oath and affirmation, the following:

1. My Name is **Larry D. Goodman** and I reside at 157 Pine Drive, Stateline, NV 89449.
2. I owned real property as a joint tenant with **Christine F. Goodman**, who, at the time of her demise, was one of the owners of such real property located in Douglas County, State of NV, described as follows:

LOT 37, BLOCK I, AS SHOWN ON THE MAP OF FIRST ADDITION TO KINGSBURY MEADOWS SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, JULY 17, 1957, DOCUMENT NO. 12441.

Parcel ID No.: 1318-26-511-010

Property commonly known as: 157 Pine Drive, Stateline, NV 89449


BEING the same property conveyed by Deed from Janice Schott, Surviving Trustee of The J. Paul Schott Family Trust dated January 18, 1991, dated 06/23/2000 and recorded 10/05/2000 in the County of Douglas, State of NV in Book 1000, Page 0834 unto **Larry D. Goodman** and **Christine F. Goodman**, husband and wife as joint tenants with right of survivorship and not as tenants in common.



3. Christine Ann Fabian Goodman, who is one and the same person as Christine F. Goodman, my joint tenant, departed this life on 02/25/2024 as evidenced by a copy of the death certificate of the deceased attached hereto.


4. Affiant is the surviving joint tenant of the property described herein.

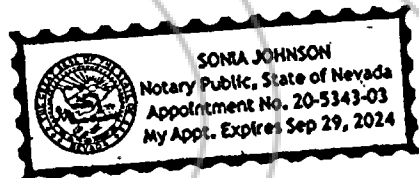
Dated this 19 day of Aug, 2024


Larry D. Goodman

State of Nevada
County of Douglas

Subscribed, sworn to and acknowledged before me this 19 day of August,
2024, by Larry D. Goodman.


Notary Public
My Commission Expires: Sept 29, 2024



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS
VS-11, REV. 3/06

3202409000229

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CHRISTINE		3. LAST (Family) FABIAN GOODMAN	
2. MIDDLE ANN		4. DATE OF BIRTH (m/d/yyyy) 04/01/1948	
5. AGE Yrs 75		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER 5772	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/SDRP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree SOME COLLEGE		14. WAS DECEDENT HISpanic/LATINA/LAS/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) WHITE		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED RESERVATIONS SALES AGENT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNITED AIRLINES	
19. YEARS IN OCCUPATION 33		20. DECEDENT'S RESIDENCE (Street and number, or location) 157 PINE DRIVE	
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89449		24. YEARS IN COUNTY 24	
25. STATE/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP LARRY GOODMAN, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 6737, STATELINE, NV 89449		28. NAME OF SURVIVING SPOUSE/SDRP - FIRST LARRY	
29. MIDDLE DEE		30. LAST (BIRTH NAME) GOODMAN	
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE -	
33. LAST FABIAN		34. BIRTH STATE OH	
35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE -	
37. LAST (BIRTH NAME) NOVAK		38. BIRTH STATE OH	
39. DISPOSITION DATE (m/d/yyyy) 02/29/2024		40. PLACE OF FINAL DISPOSITION RESIDENCE OF HUSBAND, LARRY GOODMAN 157 PINE DRIVE, STATELINE, NV 89449	
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT MCFARLANE MORTUARY	
45. LICENSE NUMBER FD1180		46. SIGNATURE OF LOCAL REGISTRAR MATT MINSON, MD	
47. DATE (m/d/yyyy) 02/27/2024		48. LICENSE NUMBER	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> SKNCP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE	
106. CITY SOUTH LAKE TAHOE		107. CAUSE OF DEATH MESENTERIC METASTATIC ADENOCARCINOMA	
108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY 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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENCIA, HYPERTENSION, STROKE, ATRIAL FIBRILLATION		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) 1/8/2024, ESOPHAGOGASTRODUODENOSCOPY WITH ENDOSCOPIC BIOPSY	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SATED FROM THE CAUSES SATED 02/24/2024		115. SIGNATURE AND TITLE OF CERTIFIER BRADLEY WAYNE GRAY, MD	
116. LICENSE NUMBER A159315		117. DATE (m/d/yyyy) 02/27/2024	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRADLEY WAYNE GRAY, MD 2170 SOUTH AVENUE, SOUTH LAKE TAHOE, CA 96150		119. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SATED FROM THE CAUSES SATED	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121. INJURY DATE (m/d/yyyy)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)	
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 (m/d/yyyy)	
128. TYPE (NAME, TITLE OF CORONER / DEPUTY CORONER)		129. SIGNATURE OF CORONER / DEPUTY CORONER	



CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

FEB 29 2024

DATE ISSUED

Bradley Wayne Gray
 NANCY J. WILLIAMS, MD, MPH
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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