

APN # : 1420-28-810-012
RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

Donnia J. Golledge
1387 Saratoga St.
Minden, NV 89423

MAIL TAX STATEMENT TO:

Donnia J. Golledge
1387 Saratoga St.
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENANT

DONNIA J. GOLLEDGE, of legal age, being first duly sworn, deposes and says:

That, ROBERT W. GOLLEDGE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT W. GOLLEDGE and is named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 13, 2005, executed by WILMA W. PORTER, a married woman, as her sole and separate property, to ROBERT W. GOLLEDGE and DONNIA J. GOLLEDGE, husband and wife as joint tenants, recorded on June 13, 2005, as Document No. 064633, of Official Records of the County of Douglas, State of Nevada, covering the following described real property situated in County of Douglas, State of Nevada:

SEE ATTACHED EXHIBIT "A"

TOGETHER WITH all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: August 28th, 2024

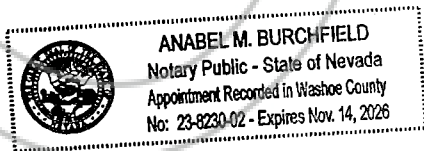
Donnia Golledge
DONNIA J. GOLLEDGE

ACKNOWLEDGEMENT

STATE OF NEVADA)
) SS.
COUNTY OF WASHOE)

On August 28th, 2024, before me, the undersigned, a Notary Public in and for said County and State, personally appeared DONNIA J. GOLLEDGE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and seal.



Anabel M. Burchfield
Anabel M. Burchfield, Notary Public
Washoe County, Nevada
My Commission Expires 11/14/2026

Exhibit A:

ALL THAT REAL PRPERTY SITUATED IN THE UNINCORPORATED AREA COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOW:
LOT 3, AS SHONW ON THE MAP OF SARATOGA HEIGHST UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON DECEMBER 5, 1966, AS DOCUMENT NO. 34826.

FOR INFORMATION PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESOR AS 1420-28-810-012; SOURCE OF TITLE IS DOCUMENT NO. 097989 (RECORDED 03/12/84).



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4410914

CERTIFICATE OF DEATH

2024009717
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) Robert William GOLLEDGE		2. DATE OF DEATH (Mo/Day/Year) April 30, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1387 Saratoga St.		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) 94		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1930		9a. STATE OF BIRTH (If not US/CA, name country) California		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) Donnia CAGLE	
13. SOCIAL SECURITY NUMBER -1703		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1387 Saratoga St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George W.M. GOLLEDGE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel Lucille CLEM		
18a. INFORMANT- NAME (Type or Print) Donnia GOLLEDGE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1387 Saratoga St. Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) SIGNATURE AUTHENTICATED B A BOTTENBERG DO			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) May 04, 2024		21c. HOUR OF DEATH 09:45		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) B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706		23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 04, 2024		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				Interval between onset and death	
(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Tobacco Use Disorder DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. Type 2 Diabetes Mellitus, Chronic Kidney Disease				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	



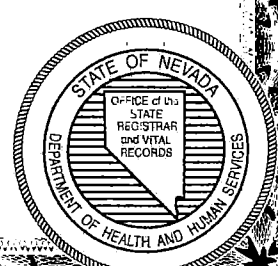
CERTIFIED COPY OF VITAL RECORDS
Cody L. Hines

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:

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