

DOC # 0230981

03/03/2016

01:24 PM

APN # 5-400-08

Official Record

Recording requested By
MALOVOS & KONEVICH

Eureka County - NV

Sara Simmons - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: LH

Book- 589 Page- 0079

Name MALOVOS & KONEVICH

Address 800 W. EL CAMINO REAL

SUITE 180
City/State/Zip MOUNTAIN VIEW, CA 94040



0230981

Verified Trust XH

AFFIDAVIT-DEATH OF TRUSTEE
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY:

MALOVOS & KONEVICH

When Recorded Mail To:

Marian Malovos Konevich

Malovos & Konevich

800 West El Camino Real, Suite 180

Mountain View, California 94040

AFFIDAVIT - DEATH OF TRUSTEE

State of California }
 } ss.
County of Santa Clara }

THOMAS A. GOUGH, Successor Trustee of THE PATRICIA GOUGH ELDRED REVOCABLE LIVING TRUST, dated January 19, 1999, of legal age, being duly sworn, deposes and says:

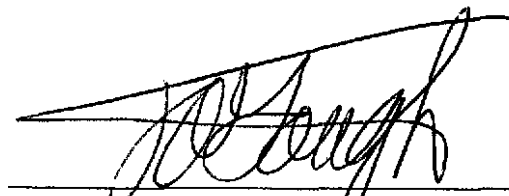
That PATRICIA GOUGH ELDRED, the decedent mentioned in the attached Certificate of Death, is the same person as PATRICIA GOUGH ELDRED, named as one of the parties in that certain Grant Deed, dated December 29, 1999, recorded January 18, 2000, executed by PATRICIA GOUGH ELDRED to PATRICIA GOUGH ELDRED as Trustee of THE PATRICIA GOUGH ELDRED REVOCABLE LIVING TRUST, dated December 29, 1999, recorded as instrument No. 173761, Official Records of the County, California covering the following described property situated in the City of Crescent Valley, County of Eureka, State of Nevada:

The East one-half of the Northeast one-quarter of the Northeast one-quarter, Section 9, Township 29 North, Range 48 East, MDB&M. per government survey.

APN: 5-400-08

Common Street Address:
Crescent Valley, Nevada

Dated: 02/03/2016



THOMAS A. GOUGH, Successor Trustee of THE
PATRICIA GOUGH ELDRED REVOCABLE LIVING TRUST

CALIFORNIA NOTARIAL JURAT

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 Santa Clara }

Subscribed and sworn to or affirmed before me on this 3RD
day of FEBRUARY, 2016

by THOMAS A. GOUGH
proved to me on the basis of
satisfactory evidence to be the person who appeared before me.

Marian Malovos Konevich
Signature, Notary Public



0230981

Book: 589 03/03/2016
Page: 81 Page 3 of 4

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201543008913

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEASED - FIRST (Given) | | 2. MIDDLE | |
| PATRICIA | | GOUGH | |
| 3. LAST (Family) | | ELDRED | |
| 4. DATE OF BIRTH | | 5. AGE Yrs | |
| 07/08/1934 | | 81 | |
| 6. UNDER ONE YEAR | | 7. DATE OF DEATH | |
| 11/01/2015 | | 1900 | |
| 8. SEX | | 9. HOURS | |
| F | | 1900 | |
| 10. SOCIAL SECURITY NUMBER | | 11. EVER IN U.S. ARMED FORCES? | |
| | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | |
| 12. MARITAL STATUS/PROF. at time of death | | 13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) | |
| WIDOWED | | CAUCASIAN | |
| 14. EDUCATION - Highest Level/Degree | | 15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) | |
| MASTER'S | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | |
| MUSICIAN AND MUSIC TEACHER | | MUSIC | |
| 18. YEARS IN OCCUPATION | | 19. YEARS IN BUSINESS | |
| 60 | | 60 | |
| 20. DECEASED'S RESIDENCE (Street and number, or location) | | | |
| 1981 MONTECITO AVE, ART, 219 | | | |
| 21. CITY | | 22. COUNTY/PROVINCE | |
| MOUNTAIN VIEW | | SANTA CLARA | |
| 23. ZIP CODE | | 24. STATE/FOREIGN COUNTRY | |
| 94043 | | 74 CALIFORNIA | |
| 25. INFORMANT'S NAME, RELATIONSHIP | | | |
| THOMAS A. GOUGH, SON | | | |
| 26. INFORMANT'S ADDRESS (Street and number, or post office, apartment, city or town, state and zip) | | | |
| 2320 PARK AVENUE, SANTA CLARA, CA 95050 | | | |
| 27. NAME OF SURVIVING SPOUSE/PROF. | | 28. MIDDLE | |
| WILLIAM | | JOSEPH | |
| 29. NAME OF FATHER/PARENT - FIRST | | 30. MIDDLE | |
| EVELYN | | CATHERINE | |
| 31. NAME OF MOTHER/PARENT - FIRST | | 32. MIDDLE | |
| | | RENN | |
| 33. DATE OF BIRTH | | 34. BIRTH STATE | |
| 11/17/2015 | | IDAHO | |
| 35. DATE OF BIRTH | | 36. BIRTH STATE | |
| 11/17/2015 | | IDAHO | |
| 37. DATE OF BIRTH | | 38. BIRTH STATE | |
| 11/17/2015 | | IDAHO | |
| 39. DISPOSITION DATE | | 40. PLACE OF FINAL DISPOSITION | |
| 11/17/2015 | | GATE OF HEAVEN CEMETERY | |
| 41. TYPE OF DISPOSITION | | 42. SIGNATURE OF EMBALMER | |
| BU | | WILHELMINA RYBICKI | |
| 43. NAME OF FUNERAL ESTABLISHMENT | | 44. LICENSE NUMBER | |
| CUSIMANO FAMILY COLONIAL | | ED1044 | |
| 45. SIGNATURE OF LOCAL REGISTRAR | | 46. DATE | |
| SARAH CODY, MD | | 11/03/2015 | |
| 47. DATE | | 48. LICENSE NUMBER | |
| 11/03/2015 | | G34176 | |
| 49. PLACE OF DEATH | | 50. CITY | |
| MANOR CARE OF SUNNYVALE | | SUNNYVALE | |
| 51. COUNTY | | 52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | |
| SANTA CLARA | | 1150 TILTON DRIVE | |
| 53. CAUSE OF DEATH | | 54. OTHER THAN HOSPITAL, SPECIFY ONE | |
| (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) | | Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input type="checkbox"/> | |
| (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE | | 55. DEATH REFERRED TO CORONER? | |
| (C) RESPIRATORY FAILURE | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (A) | | 56.opsy PERFORMED? | |
| NONE | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) | | 58. IF FEMALE, PREGNANT IN LAST YEAR? | |
| NO | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | |
| 59. SIGNATURE AND TITLE OF CERTIFIER | | 60. LICENSE NUMBER | |
| LAWRENCE PAUL BONALDI, M.D. | | G34176 | |
| 61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 62. DATE | |
| LAWRENCE PAUL BONALDI, M.D. | | 11/03/2015 | |
| 63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 64. DATE | |
| LAWRENCE PAUL BONALDI, M.D. | | 11/03/2015 | |
| 65. MANNER OF DEATH | | 66. INJURED AT WORK? | |
| 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 <input type="checkbox"/> | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | |
| 67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 68. INJURY DATE | |
| | | 11/01/2015 | |
| 69. DESCRIBE HOW INJURY OCCURRED (e.g., vehicle which resulted in injury) | | 70. HOUR (24 Hours) | |
| | | 1900 | |
| 71. LOCATION OF INJURY (Street and number, or location, and city and state) | | 72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| | | SARAH CODY, MD | |
| 73. SIGNATURE OF CORONER / DEPUTY CORONER | | 74. DATE | |
| | | 11/03/2015 | |
| 75. STATE REGISTRAR | | 76. FAX AUTHORITY | |
| A | | G | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By NOV 05 2015

H 0 3 1 3 5 2 2 8

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PRNCO (REV) 12/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

03/03/2016
Page: 4 of 4

Book 589
Page: 82

0230981



STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-230981

03/03/2016

01:24 PM

Official Record

1. Assessor Parcel Number(s)

- a) 5-400-8
b) _____
c) _____
d) _____

Recording requested By
MALOVOS & KONEVICH

Eureka County - NV

Sara Simmons - Recorder

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
Other _____

Page 1 of 1 Fee: \$17.00

Recorded By: LH RPTT:

Book- 589 Page- 0079

Notes: verified Trust OK

3. Total Value/Sales Price of Property

\$ 215,000.

Deed in Lieu of Foreclosure Only (value of property)

(_____)

Transfer Tax Value:

\$ 0

Real Property Transfer Tax Due

\$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 147

b. Explain Reason for Exemption: NO CHANGE IN OWNERSHIP;
REMOVAL OF NAME OF DECEASED TRUSTEE.

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Marian Malovos Konevich

Capacity Attorney at Law
Attorney for Trustee

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: PATRICIA ELDRED GOUGH

Print Name: THOMAS A. GOUGH, TRUSTEE

Address: DECEASED (DECD)

Address: 2320 PARK AVE

City: TRUSTEE

City: SANTA CLARA

State: _____ Zip: 94040

State: CA Zip: 94050

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: MARIAN MALOVOS KONEVICH

Escrow #: _____

Address: 800 WEL CAMINO REAL SUITE 150

City: MOUNTAIN VIEW CA

State: CA Zip: 94040

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED