

ORDER NO.: _____

WHEN RECORDED MAIL TO:

DOROTHY A. BEESLEY
320 So. Butte St.
Willows, CA 95988

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA]
COUNTY OF DOUGLAS] ss.
]

Tax Parcel No.: 39-050-08
39-050-10

DOROTHY A. BEESLEY, of legal age, being first duly sworn,
deposes and say: That BENJAMIN MARSHALL BEESLEY, the decedent
mentioned in the attached certified copy of Certificate of Death is the same person
as BENJAMIN M. BEESLEY named as one of the parties
in that certain Deed dated November 6, 1968 executed
by WILLARD B. INGERSOLL and ELIZABETH INGERSOLL, husband and wife
to BENJAMIN M. BEESLEY and DOROTHY A. BEESLEY, husband and wife
as joint tenants, recorded as Instrument No. 43265 on December 26, 1968 in
Book 64, Page 111, of Official Records of DOUGLAS County, ~~California~~, NEVADA
covering the following described property situated in the County of DOUGLAS,
State of ~~California~~, NEVADA.

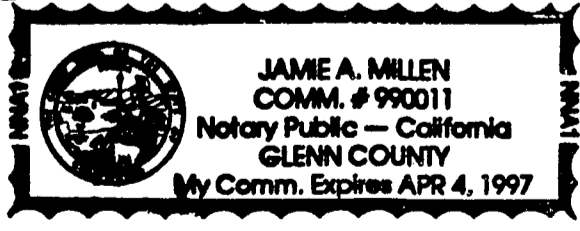
EXHIBIT "A"

Dated: August 4, 1995 Dorothy A. Beesley
Dorothy A. Beesley

SUBSCRIBED AND SWORN TO before me, the undersigned,
a Notary Public in and for said State, of California

this 4th day of August, 1995
WITNESS my hand and official seal.

Signature Jamie A. Millen
Jamie A. Millen
Name (Typed or Printed)



(This area for official notarial seal)

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CERTIFICATION OF VITAL RECORD

GLENN COUNTY

WILLOWS, CALIFORNIA

CERTIFICATE OF DEATH

3-95-11-000066

66

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Benjamin		2. MIDDLE Marshall		3. LAST (FAMILY) Beesley	
	4. DATE OF BIRTH MM/DD/CCYY 10/25/1923		5. AGE YRS. 71		6. SEX M	
	7. DATE OF DEATH MM/DD/CCYY 06/19/1995		8. HOUR 1617			
	9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED] 9743		11. MILITARY SERVICE Unk Unk NONE	
	12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12			
USUAL RESIDENCE	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self	
	17. OCCUPATION Painter		18. KIND OF BUSINESS Painting		19. YEARS IN OCCUPATION 37	
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 320 S. Butte St.					
INFORMANT	21. CITY Willows		22. COUNTY Glenn		23. ZIP CODE 95988	
	24. YRS IN COUNTY 39		25. STATE OR FOREIGN COUNTRY CA.			
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP Dorothy Beesley-Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 320 S. Butte St. Willows CA. 95988			
	28. NAME OF SURVIVING SPOUSE—FIRST Dorothy		29. MIDDLE -		30. LAST (MAIDEN NAME) Dowding	
	31. NAME OF FATHER—FIRST George		32. MIDDLE Unk.		33. LAST Beesley	
DISPOSITION(S)	34. BIRTH STATE PA		35. NAME OF MOTHER—FIRST Eliza		36. MIDDLE Unk.	
	37. LAST (MAIDEN) Barnes		38. BIRTH STATE Mexico			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	39. DATE MM/DD/CCYY 06/26/1995		40. PLACE OF FINAL DISPOSITION Willows Cemetery, Willow CA.			
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER <i>Jeffrey S. Clift</i>		43. LICENSE NO. 8187	
PLACE OF DEATH	44. NAME OF FUNERAL DIRECTOR F.D. Sweet & Son		45. LICENSE NO. FD 239		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
	47. DATE MM/DD/CCYY 06/22/1995					
CAUSE OF DEATH	101. PLACE OF DEATH Glenn General Hospital		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
	104. COUNTY Glenn		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1133 W. Sycamore st.			
PHYSICIAN'S CERTIFICATION	106. CITY Willows		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) <i>Cardiac Arrest</i>		DUE TO (B) <i>Coronary Artery Disease</i>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)		DUE TO (D)		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 RELATED TO CAUSE GIVEN IN 107 <i>Ventricular Arrhythmias</i>			
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
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 ATTENDED SINCE MM/DD/CCYY 4-18-85		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G-28408	
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY 6-17-95		117. DATE MM/DD/CCYY 06/21/1995			
STATE REGISTRAR	118. TYPE ATTENDING PHYSICIAN'S MAILING ADDRESS + ZIP Eugene W. Moffette 185 E. 7th Ave. Chico CA. 95926		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
	121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						

03828

STATE OF CALIFORNIA }
COUNTY OF GLENN }

CERTIFIED COPY OF VITAL RECORDS

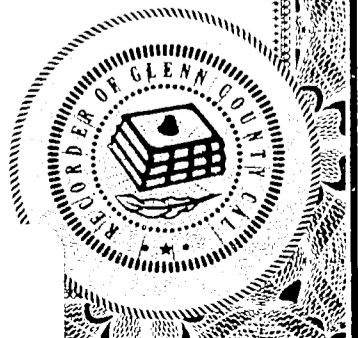
SS

DATE ISSUED JUN 22 1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the GLENN COUNTY CLERK-RECORDER.

GLENN COUNTY CLERK-RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.



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ANY ALTERATION

EXHIBIT "A"

the real property in the
County of Douglas

Nevada
State of ~~California~~, described as:

PARCEL I: The Northwest quarter of the Southeast quarter of Section 7,
Township 9 North, Range 23 East, M. D. B. & M.

RESERVING THEREFROM an easement for road and public purposes, to be used in
common with others over the Northerly 20 feet and over the Westerly, Easterly
and Southerly 10 feet of the subject parcel.

PARCEL II: The Northwest quarter of the Southwest quarter of Section 8,
Township 9 North, Range 23 East, M. D. B. & M.

RESERVING THEREFROM an easement for road and public purposes, to be used in
common with others over the Northerly, Easterly, Southerly and Westerly
10 feet of the subject parcel.

REQUESTED BY
Dorothy A. Beasley
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 AUG 18 10:45

LINDA SLATER
RECORDER

90 PAID *90* DEPUTY

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