

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND ENABLER, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1000)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT (FIRST GIVEN) CHARLES		2. MIDDLE J.		3. LAST (FAMILY) BEASLEY			
4. DATE OF BIRTH MM/DD/YYYY 02/02/1922		5. AGE YRS. 78		6. SEX M		7. DATE OF DEATH MM/DD/YYYY 03/24/2000	
8. STATE OF BIRTH IA		10. SOCIAL SECURITY NO. 6755		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE WHITE		18. HISPANIC - SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER CITY OF SIGNALHILL, CA			
17. OCCUPATION FIREMAN		19. KIND OF BUSINESS CITY FIRE DEPARTMENT		19. YEARS IN OCCUPATION 20			
20. RESIDENCE - STREET AND NUMBER OR LOCATION 86 BRODIE DR.							
21. CITY GALT		22. COUNTY SACRAMENTO		23. ZIP CODE 95632		24. YRS IN COUNTY 19	
25. STATE OR FOREIGN COUNTRY CA		26. NAME RELATIONSHIP FAITH BEASLEY WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 86 BRODIE DR. GALT, CA 95632		28. NAME OF SURVIVING SPOUSE - FIRST FAITH		29. MIDDLE C.		30. LAST (MAIDEN) NAME WACHSMAN	
31. NAME OF FATHER - FIRST ANDREW		32. MIDDLE -		33. LAST BEASLEY		34. BIRTH STATE IA	
35. NAME OF MOTHER - FIRST SADIE		36. MIDDLE -		37. LAST (MARRIAGE) UNK		38. BIRTH STATE UNK	
39. DATE MM/DD/YYYY 03/29/2000		40. PLACE OF FINAL DISPOSITION RES: CHARLES BEASLEY 844 REGALIA CT. GARDNERVILLE, NV 89410					
41. TYPE OF DISPOSITION CR/TR		42. SIGNATURE OF CORONER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR BEN SALAS FUNERAL HOME		45. LICENSE NO. / 46. SIGNATURE OF LOCAL REGISTRAR PD1257 / Karen Furst MD/PH				47. DATE MM/DD/YYYY 03/28/2000 jg	
101. PLACE OF DEATH LODI MEMORIAL 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. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY SAN JOAQUIN	
105. STREET ADDRESS - STREET AND NUMBER OR LOCATION 975 S. FAIRMONT AVE.		106. CITY LODI		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) ACUTE MYOCARDIAL INFARCTION			
IMMEDIATE CAUSE (A)		108. INTERVAL BETWEEN ONSET AND DEATH 1 DAY		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 00R-386			
DUE TO (B)		110. HOPPE PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CONGESTIVE HEART FAILURE			
DUE TO (D)		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. CABC --/--/1991					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. OCCIDENT ATTENDED SINE QUAESSENT LAST SEEN ALIVE. MM/DD/YYYY 05/08/1999		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO. G48076		117. DATE MM/DD/YYYY 03/28/2000	
118. 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ROBERT A. PADILLA MD, 1067 C STREET, GALT, CA 95632					
120. LOCATION (STREET AND NUMBER OR LOCATION AND CITY ZIP) -		121. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		122. INJURY DATE MM/DD/YYYY -		123. HOUR -	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -		125. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]					
126. DATE MM/DD/YYYY -		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		I		J		K	
L		M		N		O	
P		Q		R		S	
T		U		V		W	
X		Y		Z		AA	
AB		AC		AD		AE	
AF		AG		AH		AI	
AJ		AK		AL		AM	
AN		AO		AP		AQ	
AR		AS		AT		AU	
AV		AW		AX		AY	
AZ		BA		BB		BC	
BD		BE		BF		BG	
BH		BI		BJ		BK	
BL		BM		BN		BO	
BP		BQ		BR		BS	
BT		BU		BV		BW	
BX		BY		BZ		CA	
CB		CC		CD		CE	
CF		CG		CH		CI	
CJ		CK		CL		CM	
CN		CO		CP		CQ	
CR		CS		CT		CU	
CV		CW		CX		CY	
CZ		DA		DB		DC	
DD		DE		DF		DG	
DH		DI		DJ		DK	
DL		DM		DN		DO	
DP		DQ		DR		DS	
DT		DU		DV		DW	
DX		DY		DZ		EA	
EB		EC		ED		EE	
EF		EG		EH		EI	
EJ		EK		EL		EM	
EN		EO		EP		EQ	
ER		ES		ET		EU	
EV		EW		EX		EY	
EZ		FA		FB		FC	
FD		FE		FF		FG	
FH		FI		FJ		FK	
FL		FM		FN		FO	
FP		FQ		FR		FS	
FT		FU		FV		FW	
FX		FY		FZ		GA	
GB		GC		GD		GE	
GF		GG		GH		GI	
GJ		GK		GL		GM	
GN		GO		GP		GQ	
GR		GS		GT		GU	
GV		GW		GX		GY	
GZ		HA		HB		HC	
HD		HE		HF		HG	
HH		HI		HJ		HK	
HL		HM		HN		HO	
HP		HQ		HR		HS	
HT		HU		HV		HW	
HX		HY		HZ		IA	
IB		IC		ID		IE	
IF		IG		IH		II	
IJ		IK		IL		IM	
IN		IO		IP		IQ	
IR		IS		IT		IU	
IV		IW		IX		IY	
IZ		JA		JB		JC	
JD		JE		JF		JG	
JH		JI		JJ		JK	
JL		JM		JN		JO	
JP		JQ		JR		JS	
JT		JU		JV		JW	
JX		JY		JZ		KA	
KB		KC		KD		KE	
KF		KG		KH		KI	
KJ		KK		KL		KM	
KN		KO		KP		KQ	
KR		KS		KT		KU	
KV		KW		KX		KY	
KZ		LA		LB		LC	
LD		LE		LF		LG	
LH		LI		LJ		LK	
LL		LM		LN		LO	
LP		LQ		LR		LS	
LT		LU		LV		LW	
LX		LY		LZ		MA	
MB		MC		MD		ME	
MF		MG		MH		MI	
MJ		MK		ML		MM	
MN		MO		MP		MQ	
MR		MS		MT		MU	
MV		MW		MX		MY	
MZ		NA		NB		NC	
ND		NE		NF		NG	
NH		NI		NJ		NK	
NL		NM		NN		NO	
NP		NQ		NR		NS	
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OB		OC		OD		OE	
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OR		OS		OT		OU	
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PD		PE		PF		PG	
PH		PI		PJ		PK	
PL		PM		PN		PO	
PP		PQ		PR		PS	
PT		PU		PV		PW	
PX		PY		PZ		QA	
QB		QC		QD		QE	
QF		QG		QH		QI	
QJ		QK		QL		QM	
QN		QO		QP		QQ	
QR		QS		QT		QU	
QV		QW		QX		QY	
QZ		RA		RB		RC	
RD		RE		RF		RG	
RH		RI		RJ		RK	
RL		RM		RN		RO	
RP		RQ		RR		RS	
RT		RU		RV		RW	
RX		RY		RZ		SA	
SB		SC		SD		SE	
SF		SG		SH		SI	
SJ		SK		SL		SM	
SN		SO		SP		SQ	
SR		SS		ST		SU	
SV		SW		SX		SY	
SZ		TA		TB		TC	
TD		TE		TF		TG	
TH		TI		TJ		TK	
TL		TM		TN		TO	
TP		TQ		TR		TS	
TT		TU		TV		TW	
TX		TY		TZ		UA	
UB		UC		UD		UE	
UF		UG		UH		UI	
UJ		UK		UL		UM	
UN		UO		UP		UQ	
UR		US		UT		UU	
UV		UW		UX		UY	
UZ		VA		VB		VC	
VD		VE		VF		VG	
VH		VI		VJ		VK	
VL		VM		VN		VO	
VP		VQ		VR		VS	
VT		VU		VV		VW	
VX		VY		VZ		WA	
WB		WC		WD		WE	
WF		WG		WH		WI	
WJ		WK		WL		WM	
WN		WO		WP		WQ	
WR		WS		WT		WU	
WV		WW		WX		WY	
WZ		XA		XB		XC	
XD		XE		XF		XG	
XH		XI		XJ		XK	
XL		XM		XN		XO	
XP		XQ		XR		XS	
XT		XU		XV		XW	
XX		XY		XZ		YA	
YB		YC		YD		YE	
YF		YG		YH		YI	
YJ		YK		YL		YM	
YN		YO		YP		YQ	
YR		YS		YT		YU	
YV		YW		YX		YY	
YZ		ZA		ZB		ZC	
ZD		ZE		ZF		ZG	
ZH		ZI		ZJ		ZK	
ZL		ZM		ZN		ZO	
ZP		ZQ		ZR		ZS	
ZT		ZU		ZV		ZW	
ZX		ZY		ZZ		AA	

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 Page: 2 of 3 10/30/2006
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN JOAQUIN } SS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: 03/30/2000

Karen Furst, MD
 KAREN FURST, MD, MPH
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 060801761

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southeast 1/4 of Section 13, Township 12 North, Range 20 East, M.D.B. & M. further described as follows:

Parcel 4-D-1, as set forth in Parcel map #3 for Jerry E. Tilley filed in the office of the County Recorder of Douglas County, State of Nevada on October 9, 1991, in Book 1091, Page 1596, as Document No. 262286, being a resubdivision of Parcel 4D as set forth in Parcel Map #2 for Jerry Tilley, filed in the office of the County Recorder of Douglas County, Nevada on April 13, 1990, in Book 490, Page 1902, as Document No. 223931.

Assessor's Parcel No. 1220-13-801-014

