

OFFICIAL RECORD

Requested By:

ROWE & HALES

APN: 1420-33-701-030

When Recorded Mail To:

✓
ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Jeffrey Beland
P.O. Box 3232
Carson City, NV 89702

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1107 PG- 2245 RPTT: 0.00



**DEATH OF GRANTOR AFFIDAVIT
(Death of Joint Tenant)**

Jeffrey Beland, being duly sworn, deposes and says that Harold Beland, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Harold Beland, named as the grantor or as one of the grantors in the deed recorded on January 5, 2007, in book 107, at page 1571, instrument number 692214, records of Douglas County, Nevada, covering the following described property:

A portion of the Northeast 1/4 of the Southeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Commencing at the East 1/4 corner of Section 33, thence North 89°48'50" West, 669.12 feet; thence South 0°09'10" West, 30.00 feet, to the TRUE POINT OF BEGINNING; thence South 0°9'10" West, 444.98 feet; thence North 89°48'50" West, 322.68 feet; thence North 0°09'10" East, 444.98 feet; thence South 89°48'50" East, 322.68 feet to the POINT OF BEGINNING.

Said parcel more fully set forth as Parcel A-1 on that certain Parcel Map filed for record February 3, 1976, as Document No. 87065, Official Records of Douglas County, State of Nevada.

Jeffrey Beland is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Harold Beland, or is the authorized representative of the grantee or at least one of the grantees.

Per NRS 111.312, this legal description was previously recorded at Document No. 692214, Book No. 107, Page 1571, on January 5, 2007.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain a social security number and that NRS 111.109 mandates that a true and correct copy of a Death Certificate be recorded with this affidavit.

IN WITNESS WHEREOF, I have hereunto set my hand this 7th day of NOV, 2007.

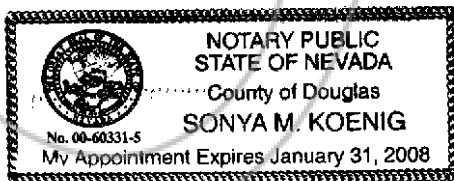


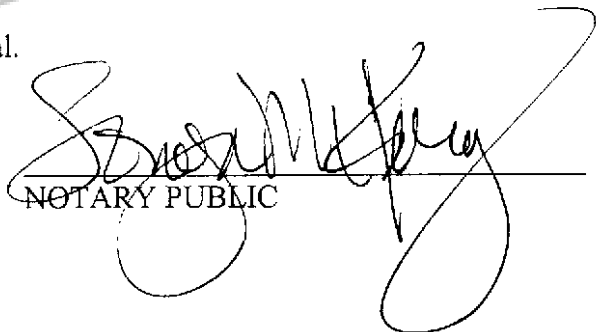
Jeffrey Beland

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 7 day of November, 2007,
by Jeffrey Beland.

WITNESS my hand and official seal.





NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007008751
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME - FIRST Harold		1b. MIDDLE A		1c. LAST BELAND		2. DATE OF DEATH (Mo/Day/Year) October 15, 2007		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1359 Downs Drive			3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)		4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 09, 1934
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Crystal LAVERING			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer			14b. KIND OF BUSINESS OR INDUSTRY U.s. Government				
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1359 Downs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		

PARENTS

16. FATHER - NAME (First Middle Last Suffix) Harold A BELAND					17. MOTHER - NAME (First Middle Last Suffix) Irene RICHARDSON				
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DISPOSITION

18a. INFORMANT - NAME (Type or Print) Jeff BELAND			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1359 Downs Drive Minden, Nevada 89423							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			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) RICK NOEL SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE -620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703					

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

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 STEPHEN HEWITT 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) October 17, 2007		21c. HOUR OF DEATH 22:40	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO, 1090 3rd Street #1 South Lake Tahoe, CA-89449		23b. LICENSE NUMBER NV 1107	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 19, 2007	

CAUSE OF DEATH

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 (a) Lung Cancer	
DUE TO, OR AS A CONSEQUENCE OF:	
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c) DUE TO, OR AS A CONSEQUENCE OF:	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK- 1107
PG- 2247
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173581 CERTIFIED COPY OF VITAL RECORDS

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.

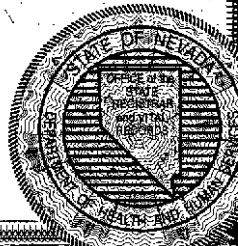
DATE ISSUED:

10/22/2007

SIGNATURE AUTHENTICATED

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

PNCO (Rev) 1106



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE