APN: <u>1220-16-610-006</u> ORDER NO.: <u>2080300-TA</u> DOC # 736810
01/30/2009 02:51PM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-109 PG-6764 RPTT: 0.00

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40,525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Tamara Waller, Title Officer

WHEN RECORDED MAIL TO:

George M. Keele 1692 County Road #A Minden, NV 89423 APN: 1220-16-610-006

2080300TA

The undersigned hereby affirms that there is no Social Security number contained in this document.

When recorded, mail to: George M. Keele 1692 County Road, #A Minden, NV 89423

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF COLORADO : ss. COUNTY OF EL PASO)

- I, REBECCA LIN ERWIN TAGGART, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:
- I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. WILLIAM HERBERT BEASLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BILL BEASLEY named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 30, 1992, executed by EDWARD L. SHOCKEY and AUDREY R. SHOCKEY, to BILL BEASLEY AND JONI BEASLEY husband and wife as Joint Tenants, recorded as Document No. 278193, in Book 592, Page 1378, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

736810 Page: 2 of 4 01/30/2009

LOT 455 AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS UNIT NO. 2 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965 IN BOOK 1 OF MAPS, FILED AS NO. 28309, AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS FILING NO. 28377.

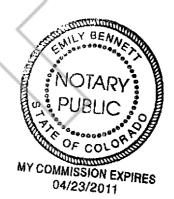
Per NRS 111.312, this legal description was previously recorded at Document No. 278193, Book 592, Page 1378, on May 8, 1992.

LIN ERWIN TAGGART

SIGNED AND SWORN TO (or affirmed)

before me on Januari 29, 2009, by REBECCA LIN ERWIN TAGGART.

Notary



BK-109 PG-6766

736810 Page: 3 of 4 01/30/2009

## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS JAN 08 2007

142-06-146787

			CERTIFIC	ALC OF DES		STATE FILE NUMBE	
1. LEGAL NAME OF DECEASE!			1		(Malden)	2 DATE OF DEATH	- ACTUAL CHEPHER METS
William Herbe	rt Beasle	<b>y</b>	`	i		December	13, 2006
8. BEX 4. DA	TE OF BIFTH	5. AGE-Last Briliday   IF UNDER 1 Y		IF UNDER 1 YA	IF UNDER 1 DA	9 B. BIRTHPLACE (C	ty & State or Pareign Cou
Male 10	-30-1943	(Years)	63	MG DAYS	HOURS M	Wilder,	Idaho
7. SOCIAL SECURITY NUMBER		S. MARITAL STATU	S AT TIME OF DEA	YTH IX Morried	9. BURYIYING BPC	USE (If wife, give name price	r to first marriage)
5946		□ Wildowed □ Div	orded [] Never Ma	urled 🛘 Linknown	oľ.	ni/Purvis	\ \
IOS. RESIDENCE STREET ADDI	RESS	<u> </u>	<del></del>	<del></del>	10b. APT NO	10s. CITY OF YOWN	
`949	Morning :	Star Ct.	)			Gardne	rville
IOL COUNTY		STATE		10f. ZIP CC	DOE :		E CITY LIMITS?
Douglas		Nevad	а	1	89410	Sk Y	
11. FATHER'S NAME				OTHER'S NAME PRICE		AGE	
Herbe	rt Beasle	ů.			ma Estelle		The state of the s
		<u></u>	18. PLACE OF DE	ATH CHECK ONLY		FICCH	
F DEATH OCCURRED IN A HOS	PITAL:	IF DEATH OC		HERE OTHER THAN		V	
2 Imputem		☐ Hospiou Pa			Decettert's Home		
14. COUNTY OF DEATH						(furtion, give street address)	
Hidalgo			78503			ional Hospita	11
17. INFORMANTS NAME & REL	ATIONSHIP TO DEC		- 107			nber, City, State, Zip Code)	
Joni Beasley		Wife	949 Mo	rning Star	Ct. Gard	de <del>rv</del> ille, Nev	ada 89410
18. METHOD OF DISPOSITION		20. BIGNATU ACTING AB E	RE AND LICENSE	NUMBER OF FUNER	IAL DIRECTOR OR P	ERSON gi.	. A Linkon
🗋 Berta) 🙎 Grematori [] Ertembroart   11 Romovail	Opposition  From Rusin	700000	11 -	na.	#89	87   Section —	
D Other (Spacify)			11/100	I Toul	ague 1	Block	
22. PLACE OF DISPOSITION (No	me of certainty, eee	metory, other plane)	23 LOCATION (CM	76.	<i>J</i>	——————————————————————————————————————	
Val Verde Cre				nna, Texas	\ /	Space	
94. NAME OF FUNERAL FACILIT						ed Number, City, State, Zip	Code)
Kreidler Funer.	al Home In	ac.	314 N.	10th St. M	callen. T	exas 78501	•
26. CERTIFIER (Check only one):				1	7	\	
Certifying Physician - To the be	et of my кло <del>жіводе</del> ,	death occurred due to	If a cause(s) and m	क्षाका संस्रोतनं.	· `\		
Modern Examiner/Justice of the ST STATE OF CERTIFIER	Ponce - On the bar	ster of expandination, and					
			28. DATE CERTA		29. LICENSE NUME	The state of the s	ATH (Actual or presumed)
S1. PRINTED NAME, ADDRESS	MULIUL F CERTIFIED IN-	and Muselson Class	12/14/0	16			FCERTIFIER
Robert "Bobby"	Contract	a. 1516 M.	To all a see	na ny	Mana - 20	E 43	I.P.
39. PART I, ENTIRE THE CH	AIN OF EVENTS -1	HERASES, PUURIES	OR COMPLICATION	INS - THAT DIRECT	LUANS / D	ATH, DO NOT ENTER	
33. PART 1, ENTIER THE CH TERMUNAL EVE ETICLOGY, DO	NOT ABBREVIATE	DIAC ARREST, RESP ENTER CALLY CINE	TRATORY ARREST	Í, OR VENTRICULAR LINE	FIBRILLATION WITH	OUT BHOWING THE	Approximate interval: Onest to death
DAMEDIATE CAUSE (Final			THE COLUMN	- \	l.		
Disease or condition ←>	MYOC	ARDIAL INF	ARCTION	\	\		INSTANT
F (resulting in death)	\	Dus to (or a	Ba a consequence of	0:			·
	B	Directo for					'1
Sequentially list conditions.				<u> </u>		<del></del>	·
A Reted on the a. Enter the	_\	200 (2)	se s consequence o	<b>M</b> –	· · · · ·		·
A leted on line a. Enter the							-
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INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE ... WFORMATION SELOW IS FOR STATISTICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED CO.

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.05t, Health and Safety Code.

JAN 2 6 2009

GERALDINE R. HARRIS



ISSUED