

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

APN: 1220-16-610-006  
ORDER NO.: 2080300-TA



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:

A handwritten signature in black ink that reads "Tamara Waller".

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

20803007A

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:

1. 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.



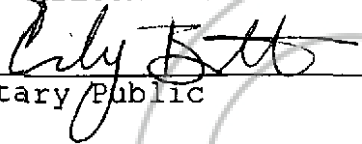
BK-109  
PG-6765

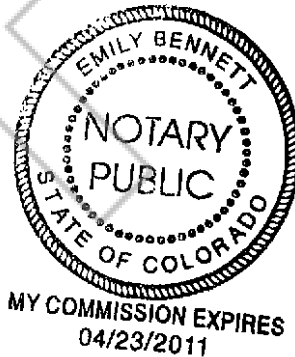
LOT 455 AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS UNIT NO. 2 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965 IN BOOK 1 OF MAPS, FILED AS NO. 28309, AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS FILING NO. 28377.

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

  
REBECCA LIN ERWIN TAGGART

SIGNED AND SWORN TO (or affirmed)  
before me on January 29, 2009,  
by REBECCA LIN ERWIN TAGGART.

  
Notary Public



BK-109  
PG-6766

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

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

142-06-146787

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) <b>William Herbert Beasley</b>								2. DATE OF DEATH - ACTUAL (DECEASED) <b>December 13, 2006</b>			
3. SEX <b>Male</b>		4. DATE OF BIRTH <b>10-30-1943</b>		5. AGE - Last Birthday (Years) <b>63</b>		IF UNDER 1 YR MO DAY		IF UNDER 1 DAY HOUR MIN		6. BIRTHPLACE (City & State or Foreign Country) <b>Wilder, Idaho</b>	
7. SOCIAL SECURITY NUMBER <b>5946</b>				8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				9. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>Joni Purvis</b>			
10a. RESIDENCE STREET ADDRESS <b>949 Morning Star Ct.</b>								10b. APT NO		10c. CITY OR TOWN <b>Gardnerville</b>	
10d. COUNTY <b>Douglas</b>				10e. STATE <b>Nevada</b>		10f. ZIP CODE <b>89410</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. FATHER'S NAME <b>Herbert Beasley</b>						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>Loma Estelle Fitch</b>					
13. PLACE OF DEATH (CHECK ONLY ONE)											
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA											
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
14. COUNTY OF DEATH <b>Hidalgo</b>				15. CITY/TOWN, ZIP (If outside city limits, give precinct no) <b>McAllen 78503</b>				16. FACILITY NAME (If not institution, give street address) <b>Rio Grande Regional Hospital</b>			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>Joni Beasley Wife</b>						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>949 Morning Star Ct. Gardnerville, Nevada 89410</b>					
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Monte Montague</i> #8987				21. Section <input checked="" type="checkbox"/> Unknown Block Lot Space			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Val Verde Crematory</b>						23. LOCATION (City/Town, and State) <b>Donna, Texas</b>					
24. NAME OF FUNERAL FACILITY <b>Kreidler Funeral Home Inc.</b>						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>314 N. 10th St. McAllen, Texas 78501</b>					
26. CERTIFIER (Check only one): <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.											
27. SIGNATURE OF CERTIFIER <i>Robert Contreras</i>				28. DATE CERTIFIED (Mo/Day/Yr) <b>12/14/06</b>		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed) <b>11:44 AM</b>			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>Robert "Bobby" Contreras, 1510 N. Jackson Rd. Pharr, Texas 78577</b>								32. TITLE OF CERTIFIER <b>J.P.</b>			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition) -> resulting in death <b>MYOCARDIAL INFARCTION</b>											
Due to (or as a consequence of):											
Due to (or as a consequence of):											
Due to (or as a consequence of):											
Due to (or as a consequence of):											
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.											
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown				38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
40a. DATE OF INJURY (Mo/Day/Yr)				40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)			
40e. LOCATION (Street and Number, City, State, Zip Code)								40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED											
42a. REGISTRAR FILE NO. <b>02 1430</b>				42b. DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 18 2006</b>				42c. REGISTRAR <i>Janie Madero</i> <b>JANIE MADERO LOCAL REGISTRAR</b>			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: This penalty for knowingly creating a false statement in this form can be 3-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 191.051, 1999)

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VS-112 REV 1/2005

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INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE  
INFORMATION BELOW IS FOR STATISTICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JAN 26 2009

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR

