

OFFICIAL RECORD
Requested By:
RACHELLE J NICOLLE

APN 1420-08-310-015

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0409 PG- 971 RPTT: 0.00

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

✓ Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423



MAIL TAX STATEMENTS TO:

Patricia D. Beesley
1002 Carefree Ct.
Carson City, NV 89705

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH OF JOINT TENANT

I, PATRICIA D. BEESLEY, being duly sworn say:

1.) I am 18 years of age, or over. The decedent LEE PIERSON BEESLEY described in the attached certified copy of the Certificate of Death is the same person as LEE P. BEESLEY, who is named with me as one of the parties in the deed dated September 27, 2002, executed by Claud W. Azelton and Deanna J. Aselton, husband and wife as joint tenants, and granted to LEE P. BEESLEY and PATRICIA D. BEESLEY, husband and wife as joint tenants, recorded as Instrument No. 0553387 on September 30, 2002, in Book 0902, Page 10566, of Douglas County Records of Douglas County, Nevada, covering the following described property:

All that real property situated in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1420-08-310-015, specifically described as:

Lot 12, Block E, of the Final Map of SUNRIDGE HEIGHTS II, PHASE 2, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 3, 1994, as Document No. 331447.

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TOGETHER with all and singular the tenements, hereditaments and appurtenances, including easements and water rights, if any thereto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

2.) As a result of the death of my husband, LEE P. BEESLEY, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: March 26, 2009.

Patricia D. Beesley

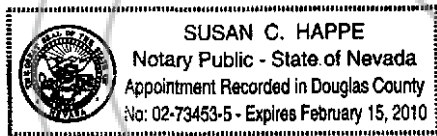
Patricia D. Beesley

JURAT

State of Nevada)
County of Douglas)

Signed and Sworn to before me on March 26, 2009 by PATRICIA D. BEESLEY.

WITNESS my hand and official seal.



Susan C. Happe

NOTARY PUBLIC



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

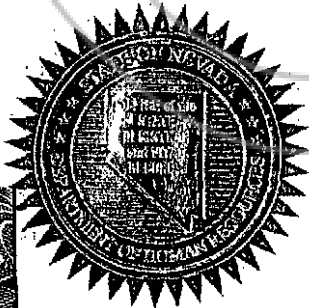
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Lee Pierson BEESLEY		2. June 1, 2003		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 68	7b.	7c.	8. June 2, 1934
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. U.S.A.	10. 15	11. Married	12. Patricia D. Cunniff	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED] 7995	14a. Fleet Manager		14b. Pacific Bell		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	Court	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Indian Hills	15d. 1002 Carefree	15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Lambert Beesley		17. Sylvia Jones			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Patricia D. Beesley		18b. 1002 Carefree Court Carson City, Nevada 89705			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City Nevada		
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV 89703		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 6-1-03		21c. 20:30		22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		22c. HOUR OF DEATH	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		89703	LICENSE NUMBER		
23a. Robert L. McDonald M.D. 710 W. Washington St. Carson City, NV.		23b. 6433			
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]	24b. June 4, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PERTAINING FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) Cardiac Arrest		Interval between onset and death			
(b) Sepsis		Interval between onset and death			
(c) Stage 4 Esophageal Cancer		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify, Yes or No)		
26. No		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			



STATE REGISTRAR

No. 236159

Yvonne Sylvia

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JUN 04 2003



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BK- 0409
PG- 973
04/06/2009