A.P.N. 1420-33-701-034 Escrow No.: DO-2090368-WD

1091015

**RECORDING REQUESTED BY:** 

AND WHEN RECORDED, MAIL TO:

Carolyn A. Beaty 2684 Clapham Lane Minden. NV 89423 DOC # 746549
07/06/2009 12:48PM Deputy: SD
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-709 PG-683 RPTT: 0.00

THIS SPACE FOR RECORDER'S USE ONLY

## AFFIDAVIT - DEATH OF A JOINT TENANT

Carolyn A. Beaty, of legal age, being duly sworn, deposes and says

That Larry Franklin Beaty, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Larry F. Beaty named as one of the parties in that certain Grant, Bargain, Sale Deed, executed by Ronald D. Foster to Larry F. Beaty and Carolyn A. Beaty, husband and wife as joint tenants, recorded as Instrument No. 304951, on April 16, 1993, in Book 0493, Page 3220, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated: May 20, 2009

Carolyn A. Beaty

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA

SS.

COUNTY OF

On <u>0.39-09</u> before me, the undersigned, a Notary Public in and for said State and County, personally appeared Carolyn A. Beaty known to me to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

Signature\_

Votary Public

NOTARY PUBLIC STATE OF NEVADA County of Douglas WENDY DUNBAR My Appointment Expires Dec. 16, 2010

## CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH** VITAL STATISTICS
CERTIFICATE OF DEATH

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9	STATE FILE NUMBER											
TYPE OR	14. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)  2. DATE OF DEATH (MO/DRYYMA)  34. COUNTY OF									TY OF DEAT	Н	
PERMANENT	Larry Franklin	BEATY					May 09, 2009			Douglas		
BLACKINK			UNN SA TAYIBA	PITAL OR OTHER INSTITUTION -Name(If not either, give								
	l	and nu				ii Sine annar	Inpatient(Spec					
DECEDENT	. Minden			2684 Claphan	1 Lane	1!	<u> </u>	1	1	. '	Male	
DEVENT	5. RACE White		8. Hispanic Origin? Specify 7s. AGE-Last			7b. UNI	ER 1 YEAR ZO	UNDER 1 DAY	8 DATE	OF BIRTH (M	o/Day/Yr)	
Ē 1.	(Specify)		No - Non-Hi	spanio ·	birthday (Years	6)   MOS 065	DAYS	OURS   MINS	Sec	tember 11	1943	
F DEATH	Se, STATE OF BIRTH (If not U.S.	A Jos course	CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, 1				BRIED WINO	NED H2 S	URVIVING SPOUSE (If wife, give			
OCCURRED IN	name country) California		United States 12 DIVORCED (Spec				ecity) Married mulden name				Carolyn TIBBETT	
DISTITUTION SEE	13. SOCIAL SECURITY NUMBER		LE USUAL OCCUPATION (Give Kind of Work Done During Most of orking Life, Even if Retired)  Crain Supervisor				CIND OF BUSIN					
REGARDING	3384						-	The same of the sa	Forces? Yes			
COMPLETION OF RESIDENCE	<u> </u>	59. COUNTY					AND NUMBER	/ Equipment	<del></del>	15e, 6137		
TEMP	TOB. RESIDENCE - SIATE	IDD. COUNTY	15e. CITY, TOWN OR LO						LIMITS (Spenify Yes			
إحسا	Neveda	Douglas		Minde	n .	2684 Clapt	nam Lane	The state of the s		er Ne)	No	
PARENTS	16. FATMER - NAME (First Mick	ile Lest Suffix)	a <sup>r</sup>		17. MOTI	HER-NAME (	First Middle L		-	1		
PARCENIO	James Franklin BEATY Ruby RHODES											
- '	184. INFORMANT- NAME (Type.	or Print)	<i>_</i>	18b. MAILING ADI	RESS (Street	tor R.P.D. No.	City or Town, Si	ate, Zip)	1	- 2		
	Caroly	n BEATY			261	84 Clapham	Lane Minder	n, Nevada 89	423	<b>N</b> _	N	
• .	19a. BURIAL, CREMATION, REA	OVAL, OTHER (Spe	Hy) 19b. CEME	TERY OR CREMA	TORY - NAME		198 - 1	Bc. LOCATION	City or T	Own State		
DISPOSITION	Cremati		**	- A	's Sierra Cre	matory -		Cara	on City N	weda 697	08 /	
	201. FUNERAL DIRECTOR - SIG		Aetino na Buch)				ADDRESS OF F	,		-		
· '		K MOEL	Mental at pacit	DIRECTOR LI			of City Merric		on and Bi	ırial Societ	ty	
	l	URB AUTHENTIC		62	o 🔪 📙		1814 N Curry				•	
TRACE CALL	TRADE CALL - NAME AND ADD	RESS 2	<b>.,</b>	1	-		.7				-	
.,,	हे 3 21a. To the best of my kn			into and place and	322	On the house o	expanination a	elfor immedianti	on. In my oc	ition death o	accumed at	
٠.	g due to the cause(s) state(	(Gignature & Title)	SIGNATURE	AUTHENTICAT	22a	time, date and p	lace and due to	the cause(s) d	ated. (Signa	iture & Title)		
	ge Ket	LE LYNN BI	ROGAN M.	D		W		3.4.5			**.	
CERTIFIER		\$ <b>ay</b> /Y <sub>0</sub> 2		OUR OF DEATH 225. DAT			E SIGNED (Mo/Day/Yr) 22c			HOUR OF DEATH		
	Ø ≱ May 13, 2009			≥:45	[음꽃 ]					·		
	214. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 224. PRONOUNCED DEAD (MICK						eyiYI) 22e, PRONOUNCED DEAD AT (Hour)					
·	E S (1) Septembrially	24.		The state of the s	F 0	<u> </u>	1					
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICI	AN, ATTENDING	PHYSICIAN, MED	ICAL EXAMINE	R, OR CORONE	R) (Type of Pri	140 🙀 📗	236. LICEN	E NUMBER	-, .	
·.		Kelie Lynn Bro		8653 Wedge P				(a) 1		6000		
REGISTRAR	24s. REGISTRAR (Signature)	RA	NI REED	\ \	(Mo/Day/VI)	CEIVED BY RE	S	24c, DEATH D	_		E DISEASE	
****	' .b		AUTHENTICA			May 14,	2009	YE	<u>.                                    </u>	NO X		
CAUSE OF	26. IMMEDIATE CAUSE	(ENTER ONLY ON	CAUSE PER L	INE FOR (a), (b), A	ND (c) )			4	Interval b	atween case	t and death	
DEATH	PART I (a) Metastati	c Gastric Sar	coma	, ,	- \   \		,	4			•	
	DUE TO, OR A	A CONSEQUENCE	OF:				77 7		interval b	etween once	t and death	
CONDITIONS IF	-00		500	: .		7, 1				11.	٠. ا	
ANY WHICH GAVE RISE TO	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onse				t and death	
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CAUSE ->	DUE YO, OR AS A CONSEQUENCE OF						Interval between onset and death					
CAUSE LAST		a u acustanture	The same of the sa	•	/ /	٠.			,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ODTOON DIEGO	. One equal	
CAUSE LIVE	(d)		700					las 16.00	<del></del>	1		
/ /	PART II OTHER SIGNIFICANT	SUMUTIONS-Condition	one contributing	to death but not rea	in the und	enking carse t	YYD IN PAR 1.	28. AUTO	(68 of 140)	27. WAS CAS TO CORONER	E REPERRED	
/ /		79	Marine Commence	• •		\$4. T	_	,,,,,,,,,	No	or Na)	No	
/ /	28a. ACC., SUICIDE, HOM., UNDEY, C PENDING INVEST. (Specify)	1286. BAYE OF BUILDRY	(Mo/Day/Yr)	200. HOUR OF HU	JRY 284 DES	CRIBE HOW INJU	RY OCCURRED	<del>-</del>			· .	
	LEURING MACTIL (SOCIAL)	1			Ī				_			
	28e, INJURY AT WORK (Specify	28f. PLACE OF INJ	JRY- At home, fi	sm, street, factory.	office 28g. LO	CATION	STREET OR R.	F.D. No. CT	Y OR TOW	N	STATE	
1 1	Yes er No)	building, etc. (Speci	V)		[							

STATE REGISTRAR

746549 Page: 2 of 3 07/06/2009

BK-709 PG-684



272570

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.  $\,\,\smile\,\,$ 

DATE ISSUED:

MAY 1 5 2009

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





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DO-2090368-WD . 1091015

## **EXHIBIT "A"**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

The South 150 feet of the North 380 feet of the East 290.40 feet of the Northeast ¼ of the Southeast ¼ of Section 33, Township 14 North, Range 20 East, M.D.B.&M.

EXCEPTING THEREFROM the East 40 feet as dedicated to the County of Douglas, State of Nevada, for Highway purposes by instrument recorded April 24, 1961 in Book 6, Official Records at Page 147 as Document No. 17610.

