

DOC # 749061  
08/17/2009 02:41PM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
FIRST AMERICAN TITLE STAT  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-809 PG-3833 RPTT: 0.00



APN: 1220-16-610-031

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 \_\_\_\_\_)

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.

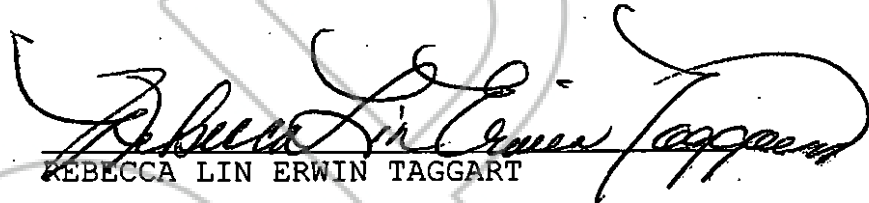
2. WILLIAM HERBERT BEASLEY, the decedent mentioned  
in the attached certified copy of Certificate of Death, is  
the same person as WILLIAM H. BEASLEY named as one of the  
parties in that certain **Grant, Bargain, Sale Deed** dated  
**August 12, 1988**, executed by CLIFFORD F. JONES to WILLIAM  
H. BEASLEY AND JOAN BEASLEY, husband and wife, as joint  
tenants, with rights of survivorship, recorded as Document  
No. 184112, in Book 888, Page 1827, of Official Records of



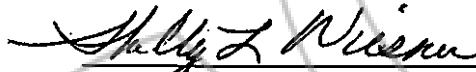
Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

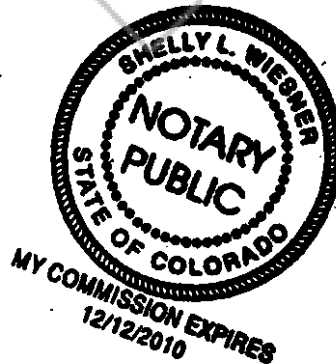
LOT 208 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN BOOK 31, PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4, 1965, IN BOOK 31, 797, AS DOCUMENT NO. 28377.

Assessor's Parcel No. 1220-16-610-031

  
REBECCA LIN ERWIN TAGGART

SIGNED AND SWORN TO (or affirmed)  
before me on 05 AUGUST, 2009,  
by REBECCA LIN ERWIN TAGGART.

  
Notary Public  
EL PASO COUNTY



CERTIFICATION OF VITAL RECORD

# City of McAllen

BK-809  
PG-3835  
749061 Page: 3 of 3 08/17/2009

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 OR PRESUMED <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 <input type="checkbox"/> Mths <input type="checkbox"/> Days		IF UNDER 1 DAY <input type="checkbox"/> Mths <input type="checkbox"/> Days		6. BIRTHPLACE (City & State or Foreign Country) <b>Wildier, 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>Ioma 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"/> COA				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>318 N. 10th St. McAllen, Texas 78501</b>							
26. CERTIFIER (Check only one) <input type="checkbox"/> Coroner/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>Bobby 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) a. <b>MYOCARDIAL INFARCTION</b> Due to (or as a consequence of):								Approximate Interval: Onset to death <b>INSTANT</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____													
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 FEMALE: <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 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 <b>JANIE MADERO LOCAL REGISTRAR</b>					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
WARNING: This form can be 2-10 years in prison and a fine of up to \$10,000. Health and Safety Code, Sec. 191.1089

VS-112 REV 1/2006

187172

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS  
COUNTY OF HIDALGO  
DATE ISSUED  
**DEC 18 2006**

This is a true certification of a vital record as recorded in this office, issued under Authority of Rule 54A, Article 4477, Revised Civil Statutes of Texas.

Registrar/Deputy Registrar

Wells Fargo - Confidential

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
LAMINATION MAY VOID CERTIFICATE.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

