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Doc Number: **0821396**

04/10/2013 08:47 AM

OFFICIAL RECORDS

Requested By
GEORGE KEELE

APN: 1320-30-211-055

This document contains a
Social Security number
pursuant to NRS 440.380.

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

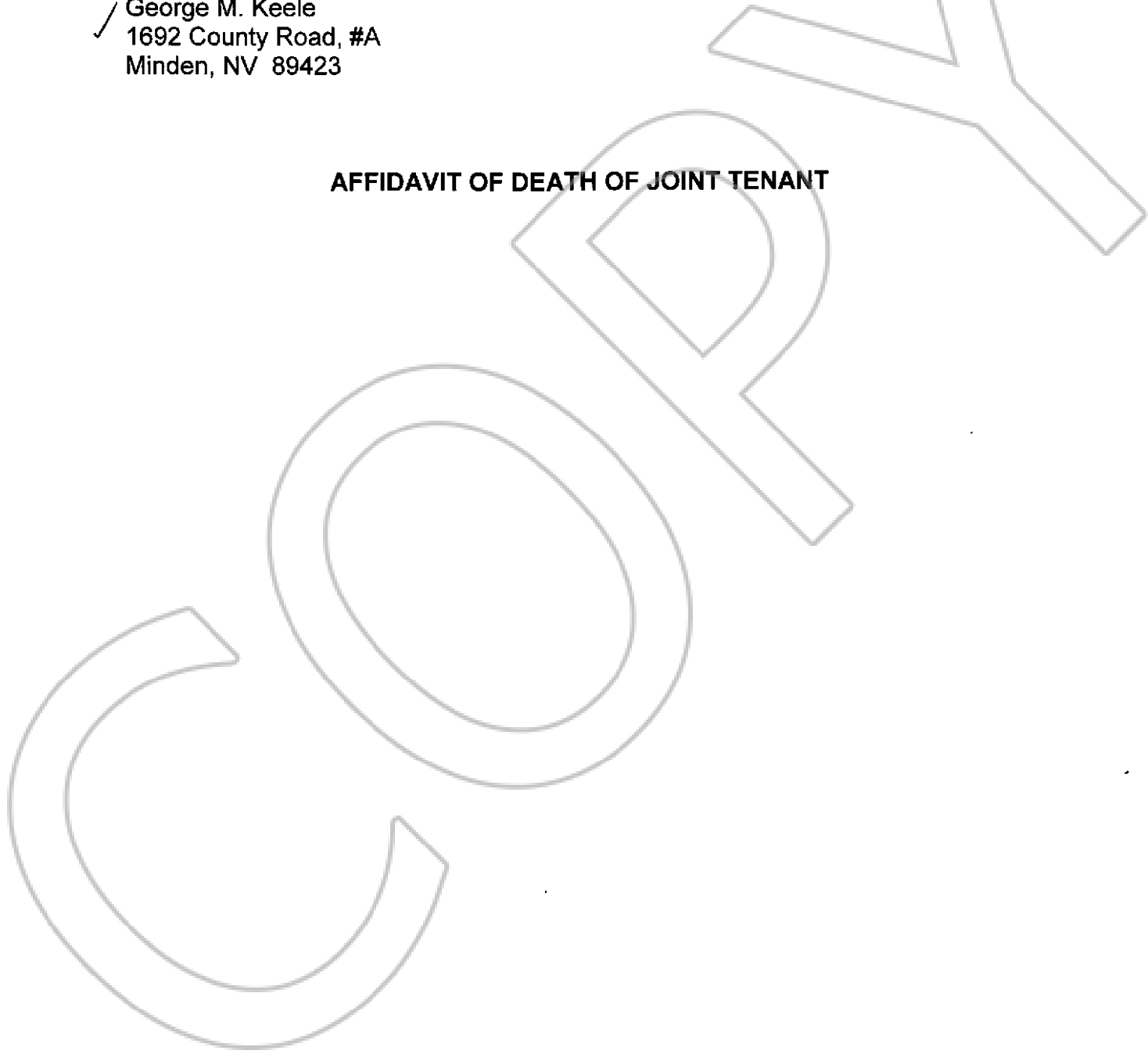
Page: 1 of 3 Fee: \$ 16.00
Bk: 0413 Pg: 2486



Deputy pk

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

AFFIDAVIT OF DEATH OF JOINT TENANT



STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, NANCY GILL, 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. I am the only sibling of Michael Rodney Bean.

2. MICHAEL RODNEY BEAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the person named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated November 1, 2011, executed by JOYCE BEAN to JOYCE BEAN and MICHAEL RODNEY BEAN, as joint tenants, recorded as Document No. 0791940 in Book 1111, Page 0419, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 10, in Block 1, as shown on the Official Map of WESTWOOD VILLAGE UNIT NO. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on October 5, 1979, In Book 1079, Page 440, Doc 37417.

Per NRS 111.312, this legal description was previously recorded at Document No. 0791940, Book 1111, Page 0419, on November 2, 2011.

Nancy Gill

NANCY GILL

SIGNED AND SWORN TO (or affirmed)
before me on April 9, 2013,
by NANCY GILL.

Mary E. Baldecchi

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013003092
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Michael Rodney BEAN		2. DATE OF DEATH (Mo/Day/Year) February 14, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 445 Springview Dr.		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 68		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) October 28, 1944		9a. STATE OF BIRTH (if not U.S.A., name country) United States/England		9b. CITIZEN OF WHAT COUNTRY United States/England	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 0783		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 445 Springview Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Cleo BEAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Joyce HOPKINS		18a. INFORMANT - NAME (Type or Print) Nancy GILL		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) PO Box 354 Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street, Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RUTH RHINES			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) stated. (Signature & Title) RUTH RHINES		
21b. DATE SIGNED (Mo/Day/Yr) February 28, 2013		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 28, 2013	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 14:50		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 901 E Musser St. Carson City, NV 89701		23b. LICENSE NUMBER 9307	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Acute Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Nicotine Addiction, Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No: CITY OR TOWN: STATE:	

STATE REGISTRAR



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BK: 0413
PG: 2488

VRS-Rev-20120523a

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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.

DATE ISSUED:

03/01/2013

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

Ruth Rhines
STATE REGISTRAR
SIGNATURE AUTHENTICATED

