

DOC # 822568
04/26/2013 02:47PM Deputy: SG

OFFICIAL RECORD

Requested By:
First American Title Minder
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-413 PG-8067 RPTT: 0.00

A.P.N.: 1420-28-312-021
File No: 143-2442878 (Rt)



When Recorded return to, and mail Tax Statements to:

LINDA L. BEUG
39463 Chestnut Ridge (c/o Johnson)
Elyria, OH 44035

AFFIDAVIT - TERMINATING JOINT TENANCY

Linda L. Beug, of legal age, being first duly sworn, deposes and says:

That **Christian J. Beug**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Christian J. Beug** named as one of the parties in that certain **Grant, Bargain, Sale Deed dated April 16, 2010** executed by **Gary Lewis Duncan, Successor Trustee of the Duncan Family Living Trust UDT June 22, 2005** to **Christian J. Beug and Linda L. Beug** as joint tenants, recorded as Document No. **0762605** on **04/26/2010** in Book **0410** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 154 IN BLOCK A, AS SHOWN ON THE FINAL MAP #PD99-02-06 FOR SARATOGA SPRINGS ESTATES UNIT 6, A PLANNED DEVELOPMENT, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 28, 2002 IN BOOK 0602, AT PAGE 10142, AS DOCUMENT NO. 546028.

Linda L. Beug 4-8-13
Linda L. Beug Date

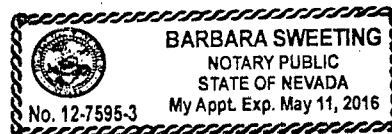
STATE OF *Nevada*)
COUNTY OF *Douglas*) :SS.

This instrument was acknowledged before me on *April 8,*
2013 by *LINDA L. BEUG*

Barbara Sweeting
Barbara Sweeting

Notary Public

(My commission expires: *5-11-2016*)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012007437

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Christian John BEUG		2. DATE OF DEATH (Mo/Day/Year) May 07, 2012		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2888 San Juan Circle		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	3d. SEX Male		7a. AGE-Last birthday (Years) 55		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Linda DOEBELE		8. DATE OF BIRTH (Mo/Day/Yr) June 22, 1956	
PARENTS	13. SOCIAL SECURITY NUMBER 7241		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Route Salesman		14b. KIND OF BUSINESS OR INDUSTRY Coffee Distribution	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2888 San Juan Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Herbert Paul BEUG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ramona Mariyn BOISEN		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Linda BEUG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2888 San Juan Circle 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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSH FAULKNER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SANDHU SCHWARTZ M.D. <i>SIGNATURE AUTHENTICATED</i>		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 14, 2012		21c. HOUR OF DEATH 13:50		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 14, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				Interval between onset and death Interval between onset and death Interval between onset and death 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.				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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PG-8068

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VRS-Rev-20110325

435229

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:

05/15/2012

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

