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DOUGLAS COUNTY, NV **2015-856667**
Rec:\$15.00
\$15.00 Pgs=2 02/10/2015 09:21 AM
TITLE SOURCE, INC.
KAREN ELLISON, RECORDER

①

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF JOINT TENANT

Title Order No 59877477-2832364

Loan No. 3336284382

STATE OF NEVADA

COUNTY OF

Diana L. Beck, of legal age, being duly sworn, deposes and says:

That Charles G. Beck who died on 12/12/2014, is the same person as named as one of the parties in that certain Deed Dated 07/07/1980 and Recorded 07/11/1980, in Liber/Book 780, Page/Folio 587.

Tax Id Number(s): 1420-18-113-091

Land Situated in the County of Douglas in the State of NV
LOT 233 IN BLOCK "D", AS SHOWN ON THE PLAT OF SILVERADO HEIGHTS NO. 2, FILED FOR
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS
DOCUMENT NO. 33717, ON JUNE 20, 1979.

Commonly known as: 900 Amador Cir, Carson City, NV 89705-7231

STATE OF NEVADA

COUNTY OF Carson City

Dated: 1-28-2015


Diana L. Beck

Subscribed and sworn to (or affirmed) before me on this 28 day of January, 2015 by Diana L. Beck proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Signature

Barbara A. Morgan

BARBARA A. MORGAN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 91-0201-2 - Expires March 21, 2015

(This area for official notarial seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014020814
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Charles Guy BECK		2. DATE OF DEATH (Mo/Day/Year) December 12, 2014		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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 70	
9a. STATE OF BIRTH (If not U.S.A.) Alabama		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Diana ADAMS		8. DATE OF BIRTH (Mo/Day/Yr) June 26, 1944	
13. SOCIAL SECURITY NUMBER 4011		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 900 Amador Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Eugene BECK	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie Will SWINDLE		18a. INFORMANT- NAME (Type or Print) Diana BECK		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 900 Amador Circle Carson City, Nevada 89705	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) JOSE AGUIRRE MD SIGNATURE AUTHENTICATED		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)			
21b. DATE SIGNED (Mo/Day/Yr) December 22, 2014		21c. HOUR OF DEATH 20:10		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 23, 2014	
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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) End-stage Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: PART II Other Significant Conditions-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HOMICIDE, 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.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR

3806474

559882

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:

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

