



KAREN ELLISON, RECORDER

APN: _____

Grantee (surviving joint tenant):

RANDY BEER

When recorded return to:

THE UNDERSIGNED AFFIRMS THAT
THIS DOCUMENT CONTAINS A
SOCIAL SECURITY NUMBER DUE
TO THE REQUIREMENTS OF NRS 440.380.

**AFFIDAVIT OF DEATH OF JOINT TENANT
(NRS 111.365)**

STATE OF NEVADA)
COUNTY OF DOUGLAS)

ss

I, RANDY BEER, being first duly sworn under penalty of
perjury, depose and say:

1. That I am the SURVIVING JOINT TENANT of MARSHA
HARTWELL and his/her surviving joint tenant pursuant to an instrument recorded in the
Official Records of DOUGLAS County, Nevada, on OCT 19, 2015
as Document No. 0637127, Book 0205, Page 7295

2. MARSHA HARTWELL died on SEPT 3, 2015.
A certified copy of his/her certificate of death is attached to this affidavit.

3. The real property owned by MARSHA HARTWELL and me
as joint tenants on the date of his/her death, consists of the following:

(insert legal description)

WITNESSETH my hand this 19th day of October, 2015

Randy Beer
(type name of Affiant)

(JURAT)

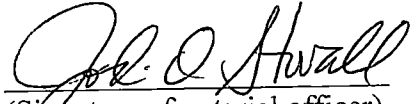
Affidavit of Death
(attached)

State of Nevada
County of Douglas County

This instrument was acknowledged by me on October 19, 2015, by Randy Beer.



Randy Beer



(Signature of notarial officer)

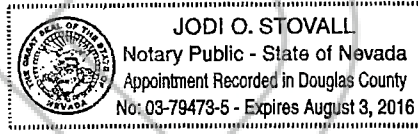


EXHIBIT "A"

The land referred to herein is situate in Douglas County, State of Nevada, and is described as follows:

Lot 4, Block C, as shown on the Final Map of WILDFLOWER RIDGE, UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2541, as Document No. 241308, Official Records of Douglas County, Nevada.

Assessor's Parcel No. 1320-36-002-017



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015015083
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) Marsha Kathleen HARTWELL		2. DATE OF DEATH (Mo/Day/Year) September 03, 2015		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 address) Carson Tahoe Regional Medical Center		4. SEX Female	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 59	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 0787		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1939 Horsebush Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (Maiden name) Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Robert Russell MCGUE			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Helene Doris WEINKUS		
18a. INFORMANT- NAME (Type or Print) Daniel K. MCGUE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 205 Laurel Grove Avenue Kentfield, California 94904			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Holy Sepulchre Cemetery		19c. LOCATION City or Town State Hayward California 94542	
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 Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) September 04, 2015		21c. HOUR OF DEATH 00:25		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Vijay Maiya MD 1800 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) VERALYNN A. BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 04, 2015		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				Interval between onset and death	
(b) End Stage Liver Disease				Interval between onset and death	
(c) Alcoholic Cirrhosis				Interval between onset and death	
(d) Unknown Etiology				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) No					
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

3850928

594771

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: **9/10/2015**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

