

APN# : 1220-04-514-016

Recording Requested By:

Western Title Company

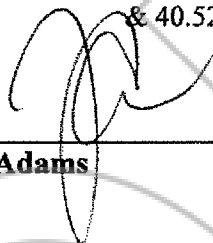
When Recorded Mail To:

Deborah Courtney

1382 Elges Ave

Gardnerville, NV 89410

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))



Signature

Traci Adams

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Deborah E. Courtney, an unmarried women who acquired title as Deborah E. Beattie, a single woman, of legal age, being first duly sworn, deposes and says:

That Charles Beattie, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Beattie named as one of the parties in that certain Grant, Bargain, Sale Deed dated 5/26/2011 executed by Charles Beattie, a single man to Chalres Beattie, a single mand and Deborah E. Beattie, a single woman as joint tenants, recorded as instrument No. 0784131, on 6/3/2011, in Book0611, Page 0417, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 68 as shown on the map of Final Map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 4 filed in the office of the Recorder of Douglas County, Nevada, on March 22, 1972, in Book 98 of Official Records, Page 1, as Document No. 58312.

Dated

6/26/17

Deborah E. Courtney

Deborah E. Courtney
Surviving Joint Tenant

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on
June 26, 2017

by Deborah E. Courtney.

Traci Adams

Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3818785

2015003107
STATE FILE NUMBER

| | | | | | | |
|---|--|--|--|---|---|----------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Charles Alan BEATTIE | | 2. DATE OF DEATH (Mo/Day/Year) February 20, 2015 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) 1356 Toiyabe Ave | | 3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home | |
| | 4. SEX Male | | | | | |
| | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE - Last birthday (Years) 90 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 7b. UNDER 1 YEAR MOS: 90 DAYS: 00 HOURS: 00 MINS: 00 | | 7c. UNDER 1 DAY MOS: 00 DAYS: 00 HOURS: 00 MINS: 00 | | 8. DATE OF BIRTH (Mo/Day/Yr) April 15, 1924 | |
| | 9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| | 13. SOCIAL SECURITY NUMBER ██████-4614 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| PARENTS | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| | 15d. STREET AND NUMBER 1356 Toiyabe Ave | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| | 18. FATHER/PARENT - NAME (First Middle Last Suffix) Walter BEATTIE | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel HONNAH | | |
| | 18a. INFORMANT - NAME (Type or Print) Deborah COURTNEY | | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1382 Elges Ave, Gardnerville, Nevada 89410 | | |
| DISPOSITION | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 217 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | |
| TRADE CALL | TRADE CALL - NAME AND ADDRESS | | | | | |
| | | | | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH D HERBIG DO 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) February 23, 2015 | | 21c. HOUR OF DEATH 11:04 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| | | | | | 22e. PRONOUNCED DEAD AT (Hour) | |
| REGISTRAR | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph D Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410 | | | | 23b. LICENSE NUMBER 984 | |
| | 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2015 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CAUSE OF DEATH | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| | PART I | | | | | Interval between onset and death |
| | (a) Cardiopulmonary Arrest | | | | | Minutes |
| | DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| (b) Coronary Artery Disease | | | | | Years | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (c) | | | | | Interval between onset and death | |
| 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. | | | | | 26. AUTOPSY (Specify Yes or No) No | |
| | | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 28a. ACC. SUICIDE, HONM, 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

000668872



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: **4/17/2017**

Veralynn A Boyack
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

