	AMOS L BEARD
APN# 1022-16-002-069	
Recording Requested by/Mail to:	00076370201809168410040043
Name: Amos L. Beard	KAREN ELLISON, RECORDER
Address: 6203 FRESNO Ave	\ \
City/State/Zip: Richmond, CA 94804	\ \ .
Mail Tax Statements to:	
Name: Amos L. Bearo	
Address: 6203 FRESNO AVE	
Address: 6203 FRESNO AVE City/State/Zip: Richmond, CA 94804	<u> </u>
	<u>, </u>
Affinavit TERMINATINGS	
Title of Document (requi	red)
(Only use if applicable) -	//
The undersigned hereby affirms that the documen	t submitted for recording
DOES contain personal information as required by	
Affidavit of Death – NRS 440.380(1)(A	A) & NRS 40.525(5)
Judgment - NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	•
HOD L. BEARD	
Signature	
Amos L. Beaco	
Printed Name	•
This document is being (re-)recorded to correct document #	and is correcting

DOUGLAS COUNTY, NV

Rec:\$35.00

Total:\$35.00

2018-916841

Pgs=4

07/17/2018 02:37 PM

AFFIDAVIT TERMINATING JOINT TENANCY

	State of Nevada)	
	County of <u>Doughts</u>) ss.	\.
		~ \ \
	Amos L. BONED	being first duly sworn, deposes
	and says that affiant is over the age of 21 ye	ears and competent to be a witness as to the
	matters hereinafter stated. Amos L. B	eard 4h
	That affiant is	the person named as
	Joint Tenant	, one of the grantees in that
	certain deed recorded on 3-21-16	Page 124 AB, in the office of the
/	No Sozia M in Book Jos MARSA	, , ,
	County Recorder of Doughts County,	Nevada.
	That Amos Beard Dennife	
١	named in said deed and was the identical person name	
	SOINT TENANT	the decedent, in that
A	certain Death Certificate, a certified copy of which is	s attached hereto and made a part hereof.
Ž	£ 2016-878346	
	1 6 /	
	Sus L. Derap	
	(SIGNATURE)	_ \
	Amos L. BEARD	\ \
	Subscribed and sworn to before me this 17 day of July, 2018]] .
1	by Amos L. Beard ***	04
		30
1	Shawripe Xlarren	<u> </u>
ľ	Notary Public in and for said County and State	NOTARY PUBLIC
l		STATE OF NEVADA County of Douglas
١		12-6956-5 SHAWNYNE GARREN My Appointment Expires February 1, 2020

Exhibit "A" GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Amos L. Beard Jr., a single man

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Amos L. Beard Jr., a single man and Jennifer L. Otto, a single woman, as joint tenants with right of survivorship

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Wellington, County of Douglas State of Nevada bounded and described as follows:

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

Lot 60, in Block K, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 01/18/2016

STAYDE OF CAUTED BY

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

	3052017149069 CERTIFICATE OF DEATH 3201738003385				
	3USZUT 149UG9 CERTIFICATION PERMIT SCALE AND PERMIT SCALE				
٩	JENNIFER LYNN OTTO	/			
NAL DAT	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) 4. DATE OF BIRTH mm/dd/ccyi; 5. AGE Yrs. F UNDER ONE YEAR IF UNDER ONE YEAR I	<u> </u>			
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 11. EVER IN U.S. ARINED FORCES? 12. MARTIAL STATUS/SRDP* (4 Time of Deads) 7. DATE OF DEATH min/dd/copy 07/20/2017 8. HOUR PA 10.11	Hours)			
CEDENT	13. EDUCATION - Highest Leve/Degree 14/15, WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (f.yes, see worksheer on back) (SOME COLLEGE YES X X X X X X X X X	PATION .			
. 5	CLIENT SERVICES MANAGER INSURANCE	72			
AL	20. DECEDENT'S RESIDENCE (Street and number, or location). 6203 FRESNO AVE	\ 			
RESIDE	21. CITY RICHMOND 22. COUNTY/PROVINCE. 22. ZIP CODE 24. YEARS IN COUNTY 25. STATEFOREIGN COUNTRY CA				
MANT	26. INFORMANT'S NAME, RELATIONSHIP. MEGAN NAUGHTON, DAUGHTER 27. INFORMANT'S MAILING ADDRESS (Sires) and number of number city or form, state and rip) 1546 PETERSEN AVENUE, SAN JOSE, CA 95129 28. NAME OF SURVIVING SPOUSE/SROP-FIRST 29. MIDDLE 10. LAST (BIRTH NAME)	.,,,,,			
P AND	AMOS BEARD BEARD	-			
SPOUSE/SRDP AND ARENT INFORMATIO	31, NAME OF FATHER/FARENT-FIRST 32, MIDDLE 33, LAST OTTO 34, BIRTH STAT WI 35, NAME OF MOTHER/FARENT-FIRST 36, MIDDLE 37, LAST (BIRTH NAME) 38, BIRTH STAT	•			
	BETTY BOWER MT 39. DISPOSITION DATE min/add/coy 49. PLACE OF FINAL DISPOSITION MEGAN NAUGHTON-DAUGHTER				
DIRECTOR/ EGISTRAR	07/26/2017 1546 PETERSEN AVENUE, SAN JOSE, CA 95129 41. TYPE OF DISPOSITIONIS. 42. SIGNATURE OF EMBALMER (43. LICENSE NUMBER				
RAL DII	CR/RES NOT EMBALMED -	· · ·			
FUNE	FREMONT CHAPEL OF THE ROSES FD1007 TOMAS ARAGON, MD, DR.P.H. 07/25/2017				
P 도	102, PLAGE OF DEATH UCSF MEDICAL CENTER 102, FINOSPIAL, SPECIFY ONE X P CROP DOA Hospice Missing Decedents Home Inc.	Other			
PLACE	106, COUNTY 108, FACILITY ADDRESS OR LOCATION WHERE FOUND (Sheet and number, or location) 106, CITY SAN FRANCISCO 505 PARNASSUS AVE. SAN FRANCISCO				
1 25	Limiter to construct the contract of the contr	ORONER?			
44	(9) PANCREATIC ADENOCARCINOMA (9) PANCREATIC ADENOCARCINOMA				
ATH	Sequentially, list MOS YES X	MED?			
OF DE		(NO			
CAUSI	Testing in death LAST	NO			
_	112 CITIER SIGNEFCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 # HYPERCOAGUABLE STATE, SEPTIC EMBOLL	*			
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM. 107 OR 1 127 (If yea, Est type of operation and date.) 113. FEMALE PREQUENT IN LA VES. X NO	UNK			
CATION	111. CERTIFY THAT TO THE BEST OF BY MANOWLEGGE CEATH OCCURRED 115. SIGNATURE AND TITLE OF CERTIFIER AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. SIRISHA NARAYANA M.D. 116. LICENSE NUMBER 117. DATE mm/dd. \$\text{PSIRISHA NARAYANA M.D.} \$\text{SIRISHA NARAYANA M.D.} \$SIRISHA NARAYANA M	"			
PHYSIC	Decodent Attended Since Decodent Last Seen Afree PSTRISTIA TO ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SIRISHA NARAYANA M.D. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SIRISHA NARAYANA M.D. 207/16/2017 07/20/2017 20712 GARDEN PLACE CT, CUPERTINO, CA 95014	Ţ			
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH Natural Accident Homicide Sucide Pending determined Investigation determined Investigation (accomplished by the control of the control	24 Hours)			
ONLY	123, PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	7			
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)	\dashv			
CORONE	12S, LOCATION OF INJUTY (Street and number, or location, and city, and zip)				
126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
	ATE A B C D ' E	TRACT			
		—			

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

JUL 3 1 2017

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Office

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



