



KAREN ELLISON, RECORDER

APN# 1420-07-117-027

Recording Requested by/Mail to:

Name: Eleanor R. Beisch

Address: 858 Valley Vista Dr.

City/State/Zip: Carson City, NV 89705

Mail Tax Statements to:

Name: Eleanor R. Beisch

Address: 858 Valley Vista Dr.

City/State/Zip: Carson City, NV 89705

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Eleanor R. Beisch

Signature

Eleanor R. Beisch

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4225140

CERTIFICATE OF DEATH

2021016931
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Eugene Francis BEISCH		2. DATE OF DEATH (Mo/Day/Year) July 21, 2021		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 an number) Carson Nursing & Rehab		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 08, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Eleanor ROWLAND	
13. SOCIAL SECURITY NUMBER ██████-8853		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 Carson City	
15d. STREET AND NUMBER 858 Valley Vista Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Jacob BEISCH		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Suzanne PFEFFER	
18a. INFORMANT- NAME (Type or Print) Eleanor R BEISCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 858 Valley Vista Drive Carson City, Nevada 89705	

DISPOSITION

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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	

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) REED DOPF 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) July 21, 2021		21c. HOUR OF DEATH 04:50	
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)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2021	
		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).)		Interval between onset and death	
PART I (a) Respiratory Arrest			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Acute Respiratory Failure			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Probable Vascular Pattern Dementia			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) Atherosclerotic Cerebrovascular Disease			
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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



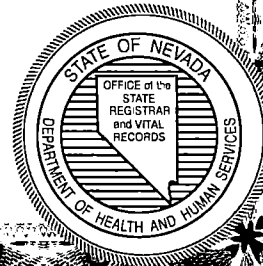
CERTIFIED COPY OF VITAL RECORDS

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: 7/22/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE