ELEANOR BEISCH

Pgs=3

| APN# 1420-07-117-027  | 00140722202109727060030036    |
|---|-------------------------------|
| Recording Requested by/Mail to:                                     | KAREN ELLISON, RECORDER       |
| 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 D  | eath of Trustee               |
| The undersigned hereby affirms to DOES contain personal information |                               |
| Printed Name  |                               |
| This document is being (re-)recorded to correct                     | document #, and is correcting |

Recording requested by: Eleanor R. Beisch 858 Valley Vista Dr Carson City, NV 89705

And when recorded, mail to: Eleanor R. Beisch 858 Valley Vista Dr Carson City, NV 89705

APN: 1420-07-117-027

For recorder's use

## AFFIDAVIT OF DEATH OF TRUSTEE

| State of Nevada   | )     |
|-------------------|-------|
|                   | ) ss. |
| County of Douglas | )     |

Eleanor R. Beisch, of legal age, being first duly sworn, deposes and says:

- Eugene Francis Beisch, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Eugene F. Beisch named as Trustee in the Declaration of Trust dated July 10. 2009, and executed by Eugene F. Beisch and Eleanor R. Beisch as Grantors and Trustees.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 858 Valley Vista Dr., Carson City, NV 89705, which property is described in a Deed which was executed by Eugene F. Beisch and Eleanor R. Beisch, husband and wife as joint tenants, as Grantors on July 10, 2009, and recorded as Document No. 0746907 in Book 0709, at Page 2291 of Official Records of Douglas, Nevada.
- The legal description of said property is as follows:
   Lot G11, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5 recorded in the office of the Douglas County Recorder, State of Nevada, on September 24, 2001, in Book 0901, Page 5362, as Document No. 523333. Official Records.
- 4. I am the one of the named Co-Trustees, along with Vivian Rider, under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 8-18-21

Eleanor R. Beisch

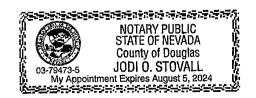
Elianor B. Beisch

State of Nevada County of Douglas

Subscribed and sworn to (or affirmed) before me on this / 8 day of HUGUST, 20 ZI, by Eleanor R Beisch proved to me on the basic of extinfactors wildness to be the person who appeared before me

basis of satisfactory evidence to be the person who appeared before me.

Signature John Stwall





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

**CASE FILE NO. 4225140** 

## **CERTIFICATE OF DEATH**

2021016931

| TYPE OR                    | STATE FILE NUMBER   |  |   |  |                   |  |                              |  |                | .R                         |  |
|----------------------------|---|--|---|--|-------------------|--|------------------------------|--|----------------|----------------------------|--|
| PRINT IN                   | 1a. DECEASED-NAME (FIRST,MI   |  | _   |  |                   | 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH             |                              |  |                |                            |  |
| PERMANENT                  | Eugene I  | Eugene Francis BEISCH                  |   |  |                   |  | July 21, 2021 Carson City    |  |                |                            |  |
| BLACK INK                  | 3b. CITY, TOWN, OR LOCATION OF DEATH   3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and                   |  |   |  |                   |  |                              |  |                |                            |  |
|                            | Carson City number) Carson Nursing & Rehab  |  |   |  |                   |  | Inpatient(Specify)           |  |                |                            |  |
| DECEDENT                   | 5, RACE (Specify)   | ·                                      | 6. Hispanic Origin? Sp                              |  |                   | NZS LINDED   | VEAD TO UN                   | Inpatient  |                | Male BIRTH (Mo/Day/Yr)     |  |
| Į.                         | Whi   |  | rears)  | MOS  | DAYS HOUR         |  |                              | , , , , , ,  |                |                            |  |
| ši<br>                     |   |  | 90  |  |                   |  |                              |  |                | nber 08, 1930              |  |
| F DEATH<br>OCCURRED IN     | N Married -   |  |   |  |                   |  |                              | NG SPOUSE'S NAME (Last name prior to first marriage) Eleanor ROWLAND |                |                            |  |
| HANDBOOK                   | name country)   Iowa   United States   14   13. SOCIAL SECURITY NUMBER   14a. USUAL OCCUPATION (Give Kind of Work Done During M |  |   |  |                   |  |                              |  |                |                            |  |
| REGARDING<br>COMPLETION OF | -8853   | 144. USUAL O                           | •   | id of Work Do<br>SHIER   | ne buring Most of | 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed Forces? Yes |                              |  |                |                            |  |
| RESIDENCE                  |   | b. COUNTY                              |   |  | ATION TIES OF     | DEET AND NI  |                              | MING   |                | 15e. INSIDE CITY           |  |
| ?<br>?                     |   |  |   |  |                   |  | LIMITS (Specify Yes          |  |                |                            |  |
| <u> </u>                   | Nevada L  | Douglas                                |   | <u>ırson Cit</u>   |                   | Valley Vist  |                              |  | 76             | or No                      |  |
| PARENTS                    | NTS 16. FATHER:PARENT - NAME (First Middle Last Suffix) 17. MOTHER:PARENT - NAME (First Middle Last Suffix) Suzanne PFEFFER     |  |   |  |                   |  |                              |  |                | . \                        |  |
| a.<br>Š                    |   | ward Jacob BE                          |   |  |                   | 7  |                              |  | EK             | / /                        |  |
|                            | 18a, INFORMANT- NAME (Type o  |  | 18b. MA   | AILING ADDR  | ESS (Street or F  | 76.  | 16.                          |  |                |                            |  |
| š<br>Ž                     | Eleanor F   |  | <del></del>   |  | 858 Valley        | Vista Drive  |                              |  |                | /                          |  |
| SPOSITION                  | 19a. BURIAL, CREMATION, REM   |  | () 19b. CEMETERY C                                  |  |                   | on.  | 19c.                         |  | City or Towr   | 764                        |  |
| agrosi i lon               | Crematio  |  |   | 3  | Sierra Cremat     |  |                              |  | n City Neva    | ida 89706                  |  |
| )                          | 20a. FUNERAL DIRECTOR - SIGN  | IATURE (Or Person A<br>I <b>THOMAS</b> |   | . FUNERAL D<br>ENSE NUMB   | DIRECTOF 20c. NA  |  | RESS OF FAC<br>ation Socie   |  | da Canita      | I City                     |  |
|                            |   |  |   | FD861  | 74.               | - 10"  | ation Socie<br>1 N Curry Str | -  | -              | · .                        |  |
| BADECALL                   | TRADE CALL - NAME AND ADDR  | RE AUTHENTICAT                         | ED  |  |                   | 1015   | + IV Curry Sur               | set Carson   | Oity IV        | 33700                      |  |
| RADE CALL                  | 7 04 - T- the best of a class   |  | at the time data and                                | place and due  | 222 0215          | a basis of exemi   | nation and/or inv            | notice ion in r  | muoninian daat | th postured                |  |
| á<br>a                     | 193   |  | IGNATURE AUTH                                       | ENTICATED  |                   |  | and due to the c             |  |                |                            |  |
| 9                          | D to the cause(s) stated.(Sign  | REED DOPF                              |   | The state of the s | OFF OFF           | <u> </u>   |                              |  |                |                            |  |
| CERTIFIER                  | 문능 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 음문 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH                           |  |   |  |                   |  |                              |  | ATH.           |                            |  |
|                            | S July 21, 2021<br>21d, NAME OF ATTENDIN  | _//_                                   | 04:50   |  |                   | <u> </u>   | <u> </u>                     |  | 000000000      |                            |  |
| <br>4)<br>4)               | 물론 21d. NAME OF ATTENDIN<br>유병 (Type of Print)  | G PHYSICIAN IF OTF                     | ER THAN CERTIFIER                                   | en e   | 8 5 22d. PR       | ONOUNCED   | DEAD (Mo/Day/                | Yr) 228.   | PRONOUNCE      | ED DEAD AT (Hour)          |  |
| 7                          | 23a. NAME AND ADDRESS OF C  | EDTICIED (DUVEICIA                     | ATTENDING DUY                                       | NOIANI MEDI  | CAL EXAMINED O    | D CODONED  | (Time or Deat)               |  | 3b. LICENSE    | MUMDED                     |  |
| \$<br>-3                   | 238, NAIVE AND ADDRESS OF C   | Reed Dopf MD                           |   |  |                   | 756  | (Type of Print)              |  |                | 3920                       |  |
| <u></u>                    | 24a. REGISTRAR (Signature)  |  | VED BY REGISTRAR 24c, DEATH DUE TO COMMUNICABLE DIS |  |                   |  |                              |  |                |                            |  |
| REGISTRAR                  | , , ,   |  | SATARIANO<br>UTHENTICATED                           | - 1  | (Mo/Day/Yr)       | July 21, 20  | 21                           | YES  | зΠи            | 10 XI                      |  |
| CAUSE OF                   | 25. IMMEDIATE CAUSE   | (ENTER ONLY ONE                        |   | R (a) (b) AN   |                   | ,,   | <del>-</del>                 |  |                | ween onset and death       |  |
| DEATH                      | PARTI Respirato   |  |   |  | - (-7)            |  |                              | į  |                |                            |  |
| DEATH                      | (9)   | A CONSEQUENCE O                        | F:  |  | _                 |  |                              |  | Interval bety  | ween onset and death       |  |
| CONDITIONS IF              |   | spiratory Failu                        |   |  | / /               |  | ,                            | į  | i interval ben | reen once and dean         |  |
| ANY WHICH<br>GAVE RISE TO  | (0)   | A CONSEQUENCE                          |   |  | <del>-//-</del>   |  |                              |  | Interval both  | ween onset and death       |  |
| IMMEDIATE                  | Probable  | Vascular Patt                          | ern Dementia  | 1  | / /               |  |                              | i<br>i   | iliterval bet  | ween onset and death       |  |
| STATING THE >              | DUE TO, OR AS A CONSEQUENCE OF:  Atherosclerotic Cerebrovascular Disease  |  |   |  |                   |  |                              |  |                | ween oriset and death      |  |
| CAUSE LAST                 |   |  |   |  |                   |  |                              |  |                | Troon on social and assess |  |
| / /                        | (c)   |  |   |  |                   |  |                              |  |                |                            |  |
|                            | Yes or No) REFERRED TO CORONER  |  |   |  |                   |  |                              |  |                |                            |  |
| á I                        | 28- ACC CUICIDE HOW INDEX   | Day DATE OF BUREY                      | A-ID- No. Too                                       | HOUR OF IN THE   | V Ind Decem       | E HOM BURST  | oocuppes.                    |  | No Is          | No.                        |  |
|                            | 28a, ACC., SUICIDE, HOM., UNDET.<br>OR PENDING INVEST. (Specify)  | 28b. DATE OF INJURY (                  | ro/Day/Yr) 28c. l                                   | HOUR OF INJUR  | CY Z8d. DESCRIB   | E HOW INJURY   | OCCURRED                     |  |                |                            |  |
| ž 1 1                      |   |  | 7000  |  |                   |  |                              |  |                |                            |  |
| { \ \                      | 28e, INJURY AT WORK (Specify  | 28f. PLACE OF INJU                     | RY- At home, farm. str                              | eet, factory, o  | ffice 28g, LOCAT  | ION ST   | REET OR R.F.                 | D, Na. C17   | TY OR TOWN     | STATE                      |  |
| ÿ _\ '                     | Yes or No)  | puilding, etc. (Specify                |   | . ,,-  | J                 |  |                              |  |                |                            |  |





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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

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