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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1221-19-001-023

Recording requested by:)
George Beard)
1994 Mule Lane)
Gardnerville, NV 89410)

When recorded mail to:)
George Beard)
1994 Mule Lane)
Gardnerville, NV 89410)

Mail tax statement to:)
George Beard)
1994 Mule Lane)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, GEORGE JAMES BEARD, of legal age, being first duly sworn, declare under penalty of perjury that:

CHRISTINE MARIE BEARD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHRISTINE M. BEARD named as Co-Trustee in the Declaration of Trust executed on February 22, 2000, by GEORGE J. BEARD and CHRISTINE M. BEARD as Grantors.

CHRISTINE MARIE BEARD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHRISTINE MARIE BEARD, Trustee under THE FAMILY TRUST OF GEORGE J. BEARD AND CHRISTINE M. BEARD, named as one of the parties (transferees) in that certain deed dated September 7, 2021, recorded on November 17, 2021, as Document No. 2021-977225, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

The above-referenced Trust was in effect at the time of the death of the decedent mentioned herein, and has not been revoked.

Executed on this February 2, 2022, in Douglas County, State of Nevada.

Trustee:

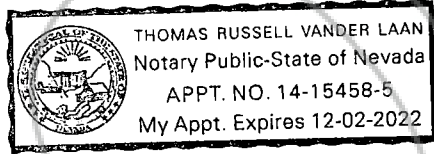

GEORGE JAMES BEARD

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this February 2, 2022, by GEORGE JAMES BEARD.



NOTARY PUBLIC



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4245708

CERTIFICATE OF DEATH

2021027580
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 STAYING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Christine M BEARD		2. DATE OF DEATH (Mo/Day/Year) October 30, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1994 Mule Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1950		9a. STATE OF BIRTH (if not US/CA, name country) Nevada		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) George James BEARD	
13. SOCIAL SECURITY NUMBER ██████████-7751		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Ace Hardware	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1994 Mule Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Anthony MUNFRADA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary NAZARENE		
18a. INFORMANT - NAME (Type or Print) George James BEARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1994 Mule Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Derek C Short			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) Derek C Short		
21b. DATE SIGNED (Mo/Day/Yr) December 02, 2021		21c. HOUR OF DEATH 00:06		22b. DATE SIGNED (Mo/Day/Yr) December 02, 2021	
22c. HOUR OF DEATH 00:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 30, 2021		22e. PRONOUNCED DEAD AT (Hour) 00:06	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Derek C Short PO Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) DARAN GRISSOM			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 02, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 02, 2021		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) Non-small Cell Lung Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pneumonia, Type II Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



CERTIFIED COPY OF VITAL RECORDS

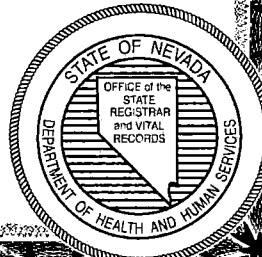
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/2/2021

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

Daran Grissom
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE