DOUGLAS COUNTY, NV Rec:\$40.00

2022-985513

05/24/2022 03:07 PM

Pgs=4

Total:\$40.00 YVONNE BEARDSLEY



APN# 1420-08-217-033	00155138202209855130040043
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER
Name: YVDNNE BEARDSLEY	\ \
Address: <u>P.O. BOY 4855</u>	\ \
City/State/Zip: EL DORADO HILS, CA, 95762	~ \ \
Mail Tax Statements to:	
Name: SANE	
Address:	_ \
City/State/Zip:	
AFFIDAVIT OF	DEATH
Title of Document (requir	ed)
(Only use if applicable)	//
The undersigned hereby affirms that the document	The state of the s
DOES contain personal information as required by	
<u>✓</u> Affidavit of Death – NRS 440.380(1)(A) & NKS 40.525(5)
Judgment NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	
Beardsley SignatureVDNNE_BEARDSLEY	
YVANNE BEARDSLEY	
Printed Name	
This document is being (re-)recorded to correct document #	and is correcting
\ //	

Affidavit of Death

STATE OF NEVADA
COUNTY OF DougLAS
I, Yvonne D. Bear Osley residing at 316 CAMELLIA CT, EL DIRADO 4/1/5, being of legal age, depose and say that:
That FEDWARD J. GALBO,
died on _05/13/2021 as evidence by a certified copy of that Certificate of Death, attached hereto;
That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; SEE EXIBIT A
That no proceeding is being or has been conducted in <u>NEVADA</u> for administration of the descendant's estate.
Oath of Affirmation:
I certify under penalty of perjury under $MEVADA$ law that I know the contents of this Affidavit signed by me and that the statements are true and correct.
Signed and sworn to before me on AN A A A A A A A A A A A A A A A A A A
STATE OF Nevada, COUNTY OF Doug LAS, ss:
De O Starll
NOTARY PUBLIC STATE OF NEVADA County of Douglas JODI O. STOVALL My Appointment Expires August 5, 2024 Title (and Rank)
My commission expires 6-5-24

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 050301736

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 638, as set forth on Final Map Number LDA #99-054-6 Sunridge Heights III, Phase 6, a Planned Unit Development, filed in the Office of the County Recorder of Douglas County, State of Nevada on August 24, 2004 in Book 0804, Page 10164, Document No. 622411.

APN 1420-08-217-033



BK- 0905 PG-12026 09/29/2005



EL DORADO COUNTY PLACERVILLE, CALIFORNIA

3052021142576 CERTIFICATE OF DEATH 3202109000629 STATE FILE NUMBER USE BLACK RIX ONLY /NO BRANCES WHITEVED SON LITERATIONS USE BLACK RIX ONLY /NO BRANCES WHITEVED SON LITERATIONS USE TRACET SON						
STATE FLE NUMBER (SE BLACK RK (NIL) / NO BRAGINES, WHITDOUTS OR ALTERATIONS LOCAL REGISTRATION NUMBER (STATES AND ALTERATION STATES AND ALTERATION NUMBER (STATES AND ALTERATION STATES AND ALTERATION NUMBER (STATES AND ALTERATION STATES AND ALTERATION ALTERATION STATES AND ALTERATION ALTERATION ALTERATION AND ALTERATION ALTERATIO						
	1. NAME OF DECEDENT-FIRST (Greet) EDWARD	JAMES	3. LAST (Family) . GALBO	\ \		
¥.	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			JF UNDER ONE YEAR JF UNDER 24 HOURS 6. SEX		
AR.			06/25/1934 86	Months Days Hours Minutes M		
SO	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NU	MBER 11, EVER IN U.S. ARMED FO				
SPE	NY	X YFS NO	ux DIVORCED	05/13/2021 1639		
ENT	19. EDUCATION - Highest Lovel/Degrees 14/15. YAS DECEDENT HISPANICALA (see worksheet on back)			ay be listed (see worksheet on back)		
DECEDENT'S PERSONAL DATA	BACHELOR YES 17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE R		X NO VVIIIIE ESS OR INDUSTRY & g., grocery store, road construct	ion, employment agency, etc.) 19. YEARS IN OCCUPATION		
ā	ENGINEER		AND SPACE	32		
	20. DECEDENT'S RESIDENCE (Streat and number, or location)					
USUAL RESIDENCE	2411 MORTARA CIRCLE					
		TTY/PROVINCE	23 ZP CODE 24. YEARS IN CODE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
- 2		ORADO	95667	CA V		
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP 26. INFORMANT'S NAME, RELATIONSHIP 27. INFORMANT'S NAME, RELATIONSHIP 28. INFORMANT'S NAME, SECURITY OF BOTH, SECURITY					
		29, MIDDLE	(ap way relative ap)			
SPOUSE/SRDP AND ARENT INFORMATION	-	. /)	\ \ \		
SPO		32. MIDDLE	SALBO	94 BIRTH STATE UNKNOWN		
USE	EDWARD 35. NAME OF MOTHER/PARENT-FEST	Se. MIDDLE	37. LAST (BIFTE- NAME)	38. BIRTH PIAE		
SPOUS		6/11/1	KENNEDY	LINKNOWN		
	39, DISPOSITION DATE min/dd/coyy 40, PLACE OF FIND DISPOSIT	PISAN JOAQUIN VAI	LEY NATIONAL CEMETER	Y \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
ECTOR ISTRAR	06/01/2021 3205 3 W MCCA	BEVROAD, SANTA NE	LLA, CA 95322	2/4/0		
L DIRI	BU A1 TYPE OF DISPOSITION(S)	42. SIGNATURE OF EN SAL	MER	43. LOENSE HAMBER		
FUNERAL DIRECTORY LOCAL REGISTRAR		45 ENGENE NUMBER	R STONATHOE OF LOCAL DECISTOAD	47. DATE mm/dd/ccyy		
ž S	44. NAME OF FUNERAL ESTABLISHMENT CUNNING HAM'S AFRORDABLE BURI CREMA NON SENTER	AL 8 FEQ1338 U		06/01/2021		
	101. PLACE CADENTH	IVI		THER THAN HOSPITAL, SPECIFY ONE		
PLACE OF DEATH	RESIDENCE 104. COUNTY 1 105. FACILITY ADDRESS OF	LOCATION WHERE FOUND (Street and		Home/LTC A Home User		
돌리	EL DORADO 2411 MORTAR	A CIRCLE		PLACERVILLE		
	107. CAUSE OF DEATH Enter the chain of events — disse	see, injunes, or complications - Theil phrecy, t, or ventricular florifation without phowing th	calcact death- DO NOT enter terminal events auch enough DO NOT ABBITEMATE.	Time Interval Bidween: 108, DEATH REPORTED TO COHONER?		
	IMMEDIATE CAUSE (A) FAILURE TO THRIVE			(AT) X YES NO		
	condition resulting	11 A A		MOS EM21-3886		
_	(B) HYPERTENSION Sequentially, Set conditions, If any,	1119	Z2(U)	YRS LITE XX		
OF DEATH	leading to cause (C)		710	(CT) 13. A TOPS PREPORTED?		
: OF 1	UNDEFILYING CAUSE (disease or injury that		\ <u>\</u>	ES X NO		
CAUSE	Indiated the events (D) resulting in death) LAST			Ves No		
200	112 OTHER SIGNETICANT CONDITIONS CONTRIBUTING TO DEATH BU PANCREATIC CYSTS, ABDOMINAL A	NOT RESULTING IN THE UNDERLYING	CAUSE GIVEN IN 107	11/2/		
	PANCREATIC CTSTS, ABDOMINAL A	OKTIC ANEUR 13W	4010			
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107	OR 1127 (If yes, list type of operation and	date)	113A F FEMILE PESULATI H LAST YEAR?		
1/2	114. I CERTIFY THAT TO THE SEST OF MY KNOWLEDGE DEATH OCCUPRED 114	SIGNATURE AND THE P OF CERTIFIER		116. USENGONUNGBER (17, DATE mem/dishopyy		
ATIO	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Afive			435775 05/18/2021		
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 118	TYPE ATTENDING PHYSIQUE STAM	PMINT ADDRESS, ZIP COCE HEMACAT	HA CHAPARALA M.D.		
_ 표명	12/07/2020 12/07/2020 10 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AN	535 HOSPITAL WAY	MATHER, CA 95665)	<u> </u>		
	MANNER OF DEATH Netural Acordent Homidde	Communa Pending	Could not be determined			
à	123, PLACE OF INJURY (e.g., home, construction site, wooded area, ex		717			
SEO		. \				
, s	124. DESCRIBE HOW INJURY ODCURRED (Events which resulted in inj	ώ,		,		
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and number, or location, and city, an	í zip)				
8	/	/				
124. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/coyy						
	TE A B C D	E INSKNING FRAT	אור	FAX AUTH CENSUS TRACT		
REGIS	The state of the s		*010001004962062*			
1100 1100 110 110 110 110 110 110 110 1						

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.
PENCORNING

