



SHAWNYNE GARREN, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

APN: 1320-29-213-036

Recording requested by:)
Vander Laan Law Firm LLC)
1624 10th Street, Suite 3)
Minden, NV 89423)

When recorded mail to:)
TIMOTHY M. BEAVER)
158 Westgate Circle)
Santa Rosa, CA 95401)

Mail tax statement to:)
TIMOTHY M. BEAVER)
158 Westgate Circle)
Santa Rosa, CA 95401)

AFFIDAVIT – DEATH OF TRUSTEE

I, TIMOTHY M. BEAVER, of legal age, being first duly sworn, declare under penalty of perjury that:

ROBERT R. BEAVER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT R. BEAVER named as one of the parties (grantee) in that certain deed dated February 26, 1992, and executed by Leo A. Hanly, President of Western Nevada Properties, Inc. (grantor) to Robert R. Beaver and/or Shirley J. Beaver, Trustees of the BEAVER LIVING TRUST, dated September 19, 1990, (grantee), recorded on July 28, 1992, as Document No. 284357 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 35, in Block H, as shown on the official Plat of Winhaven Unit No. 2, Phase A, filed for record in the office of the County Recorder on September 14, 1990, in Book 990 of Official Records, at Page 1934, Douglas County, Nevada, as Document No. 234654,

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Subject to:

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

ROBERT R. BEAVER, the deceased party, died on May 4, 1999, as shown in the attached certified copy of Certificate of Death.

SHIRLEY JEAN BEAVER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHIRLEY J. BEAVER named as one of the parties (grantee) in that certain deed dated February 26, 1992, and executed by Leo A. Hanly, President of Western Nevada Properties, Inc. (grantor) to Robert R. Beaver and/or Shirley J. Beaver, Trustees of the BEAVER LIVING TRUST, dated September 19, 1990, (grantee), recorded on July 28, 1992, as Document No. 284357 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 35, in Block H, as shown on the official Plat of Winhaven Unit No. 2, Phase A, filed for record in the office of the County Recorder on September 14, 1990, in Book 990 of Official Records, at Page 1934, Douglas County, Nevada, as Document No. 234654,

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Subject to:

- 3. All general and special taxes for the current fiscal year.
- 4. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

SHIRLEY J. BEAVER, the deceased party, died on May 12, 2022, as shown in the attached certified copy of Certificate of Death.

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The Affiant is the son of the deceased parties and pursuant to the terms of the BEAVER LIVING TRUST, dated September 19, 1990, now the sole acting Trustee of the BEAVER LIVING TRUST, dated September 19, 1990, now holding title as TIMOTHY M. BEAVER, Trustee, or his successors in Trust, under the BEAVER LIVING TRUST, dated September 19, 1990.

Executed on this 6 day of JAN, 2023, in the county of SONOMA state of California.

Timothy M. Beaver 1/6/23

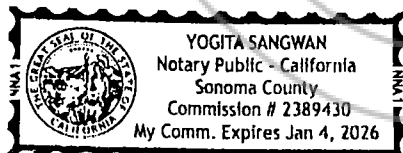
TIMOTHY M. BEAVER

Trustee of the BEAVER LIVING TRUST, dated September 19, 1990

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) : ss
COUNTY OF Sonoma)

Subscribed and sworn to (or affirmed) before me on this 6th day of Jan., 2023, by TIMOTHY M. BEAVER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Yogita Sangwan
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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 97 IMAGE 112

99 005533

LOCAL FILE NUMBER 1108

STATE FILE NUMBER

TYPE PRINT IN PERMANENT BLACK INK
DECEDENT
DEATH SURVIVED IN INSTITUTION HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS
PARENTS
POSITION
CERTIFIER
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE INCLUDING THE UNDERLYING CAUSE LAST
CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Robert R. BEAVER		DATE OF DEATH (Month, Day, Year) 2 May 4, 1999		COUNTY OF DEATH Washoe
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
3b. RENO		3c. WASHOE MEDICAL CENTER		4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years) 7a 68	UNDER 1 YEAR MOS : DAYS 7b. :
8. DATE OF BIRTH (Mo., Day, Yr.) February 27, 1931		UNDER 1 DAY HOURS : MINS 7c. :		9. SURVIVING SPOUSE (If wife, give maiden name) Shirley J. Doane
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. Decedent's Education grade completed. Specify highest 12	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER [REDACTED]-3378		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Tank Mechanic		14b. KIND OF BUSINESS OR INDUSTRY 421 Air Craft
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	15d. STREET AND NUMBER 1731 Bougainvillea Drive	
16. FATHER—NAME First Middle Last Louis Beaver		17. MOTHER—MAIDEN NAME First Middle Last Clarabell Heater		
18a. INFORMANT—NAME (Type or Print) Shirley J. Beaver - Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1731 Bougainvillea Drive, Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) <i>Jimmy Bunker</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		
20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary		20d. ADDRESS 1478 Fourth Street, Minden, Nevada 89423 53		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Audrahulew</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>		
21b. DATE SIGNED (Mo., Day, Yr.) 5/6/99		22b. DATE SIGNED (Mo., Day, Yr.)		
21c. HOUR OF DEATH 1417		22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. A. Weed, 1540 Hwy 395, Gardnerville, Nevada 89410		22e. PRONOUNCED DEAD (Hour) ON		
23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 6, 1999		23c. LICENSE NUMBER D0675
24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Ruptured abdominal aneurysm		24b. DEATH DUE TO COMMUNICABLE DISEASE NO		
24c. INTERVAL BETWEEN ONSET AND DEATH hours?		24d. INTERVAL BETWEEN ONSET AND DEATH hours?		
24e. INTERVAL BETWEEN ONSET AND DEATH years?		24f. INTERVAL BETWEEN ONSET AND DEATH years?		
25. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. (b) Myocardial Infarction (c) Diabetes Mellitus		26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		
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



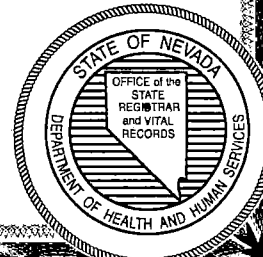
STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

No. 145926

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: DEC 15 2022

[Signature]
STATE REGISTRAR
Administrator



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4283187

CERTIFICATE OF DEATH

2022012171
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 STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Shirley Jean BEAVER		2. DATE OF DEATH (Mo/Day/Year) May 12, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Valley Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 92	
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████1069		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 Minden	
15d. STREET AND NUMBER 1731 Bougainvillea Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Russel Ferris DOANE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes Magdeline KRAFT		
18a. INFORMANT- NAME (Type or Print) Timothy Michael BEAVER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 158 Westgate Cr Santa Rosa, California 95401			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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 SIGNATURE AUTHENTICATED		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) DARIN OLDE APRN 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) May 17, 2022		21c. HOUR OF DEATH 04:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Darin Olde APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN001306	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2022		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				Interval between onset and death	
(a) Septic Shock DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Gangrenous Cholecystitis DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

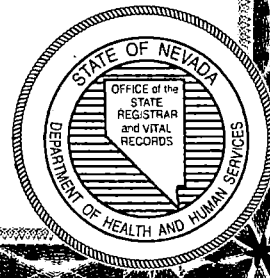
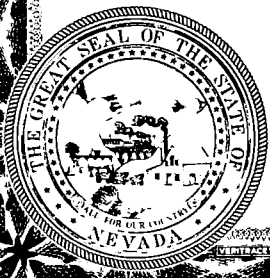
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/23/2022

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

Scott Spangler
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE