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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1420-27-701-028

Recording requested by:)
Kathy Beamer)
1590 Lindsay Ln.)
Minden, NV 89423)

When recorded mail to:)
Kathy Beamer)
1590 Lindsay Ln.)
Minden, NV 89423)

Mail tax statement to:)
Kathy Beamer)
1590 Lindsay Ln.)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, KATHY JUNE BEAMER, of legal age, being first duly sworn, declare under penalty of perjury that:

BRUCE ALLEN BEAMER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BRUCE A. BEAMER named as one of the parties (grantees) in that certain deed dated April 16, 2009, and executed by Bruce A. Beamer and Kathy J.C. Beamer, husband and wife, as joint tenants (grantors) to Bruce A. Beamer and Kathy J. C. Beamer, Trustees and their successors, under The Bruce & Kathy Beamer Revocable Trust U/D/T 10-29-99 (grantees), recorded on April 17, 2009, as Document No. 0741514 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot A-4 C, as set forth on that certain Parcel Map for RAYMOND SMITH, recorded December 7, 1993, in Book 1293, at Page 1400, as Document No. 324382.

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.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

BRUCE ALLEN BEAMER, the deceased party, died on August 15, 2023, as shown in the attached certified copy of Certificate of Death.

The Affiant is the Wife of the deceased party and now the sole surviving Trustee of THE BRUCE & KATHY BEAMER REVOCABLE TRUST AGREEMENT, dated October 29, 1999, now holding title as KATHY JUNE BEAMER, Trustee, or her successors in Trust, under THE BRUCE & KATHY BEAMER REVOCABLE TRUST AGREEMENT, dated October 29, 1999.

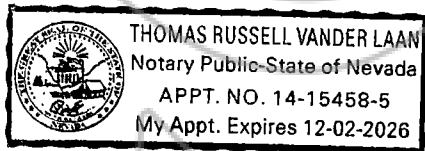
Executed on this January 31, 2024, in Douglas County, State of Nevada.

Kathy June Beamer
KATHY JUNE BEAMER

Trustee of THE BRUCE & KATHY BEAMER REVOCABLE TRUST AGREEMENT, dated October 29, 1999

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this January 31, 2024, by KATHY JUNE BEAMER.



[Signature]
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. 4365246

CERTIFICATE OF DEATH

2023018187
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) Bruce Allen BEAMER		2. DATE OF DEATH (Mo/Day/Year) August 15, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 1590 Lindsay Lane		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 10, 1946		11. MARITAL STATUS (Specify) Married	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathy JC CROCKER	
10. EDUCATION 16		13. SOCIAL SECURITY NUMBER 9323		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SALES	
14b. KIND OF BUSINESS OR INDUSTRY Telecommunications		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1590 Lindsay Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Bruce BEAMER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Joan Josephine APICELLA		
18a. INFORMANT- NAME (Type or Print) Kathy JC BEAMER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1590 Lindsay Lane Minden, Nevada 89423			
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) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 W Curry Street Carson City NV 89703	
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) JEFFREY BASA MD			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) August 21, 2023		21c. HOUR OF DEATH 17:28		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706			
23b. LICENSE NUMBER 8079		24a. REGISTRAR (Signature) WESLEY T STOREY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 21, 2023		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) Prostate Cancer DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
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) NATURAL		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.		28h. CITY OR TOWN STATE	



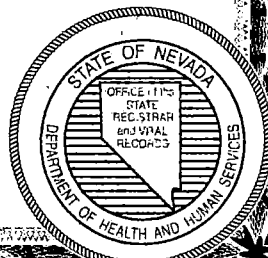
CERTIFIED COPY OF VITAL RECORDS

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.

Wesley T Storey
STATE REGISTRAR

DATE ISSUED: **8/22/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE