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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1221-19-001-023**

**Recording Requested By:** )  
BLAINE ERIC BEARD, Trustee )  
2808 Vecchio Drive )  
Sparks, NV 89434 )

**When Recorded Mail to:** )  
BLAINE ERIC BEARD, Trustee )  
2808 Vecchio Drive )  
Sparks, NV 89434 )

**Mail Tax Statements to:** )  
BLAINE ERIC BEARD, Trustee )  
2808 Vecchio Drive )  
Sparks, NV 89434 )

### **AFFIDAVIT – DEATH OF TRUSTEE**

We, BLAINE ERIC BEARD and PAULA CHRISTINE ROSE, of legal age, being first duly sworn, declare under penalty of perjury that:

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

CHRISTINE MARIE BEARD died on October 30, 2021, and the Affidavit of her death was recorded as Document No. 2022-980731.

GEORGE JAMES BEARD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE JAMES 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:

LOT 12 IN BLOCK A AS SHOWN ON THE OFFICIAL MAP OF DRY CREEK ESTATES RECORDED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 19, 2001, IN BOOK 1001, OF OFFICIAL RECORDS, PAGE 6820, AS DOCUMENT NO. 525771.

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, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, and issues or profits thereof.

GEORGE JAMES BEARD, the deceased Trustee, died on December 9, 2023, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of the Trust, the present Co-Trustees of the Trust are BLAINE ERIC BEARD and PAULA CHRISTINE ROSE.

The Affiants, BLAINE ERIC BEARD and PAULA CHRISTINE ROSE, are now the Co-Trustees under the above-referenced Trust and the Affiants hereby consent to act as such and they now hold title as BLAINE ERIC BEARD and/or PAULA CHRISTINE ROSE, Co-Trustees, or their successors in Trust, under THE FAMILY TRUST OF GEORGE J. BEARD AND CHRISTINE M. BEARD, dated February 22, 2000.

Executed on this March 4, 2024, in Douglas County, State of Nevada.

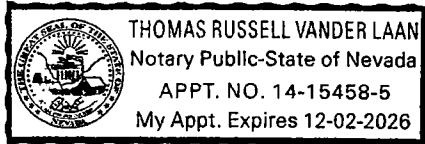
  
 \_\_\_\_\_  
 BLAINE ERIC BEARD  
 Co-Trustee of THE FAMILY TRUST OF GEORGE J. BEARD AND CHRISTINE M. BEARD

  
 \_\_\_\_\_  
 PAULA CHRISTINE ROSE  
 Co-Trustee of THE FAMILY TRUST OF GEORGE J. BEARD AND CHRISTINE M. BEARD

STATE OF NEVADA            )  
  ): ss  
COUNTY OF DOUGLAS        )

Signed and sworn to (or affirmed) before me on this March 4, 2024, by BLAINE ERIC BEARD and PAULA CHRISTINE ROSE.

Ⓜ



*[Handwritten Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC

*[Large, faint, diagonal watermark reading "COPY"]*

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiants. 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. 4385738

### CERTIFICATE OF DEATH

2023026964  
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) <b>George James BEARD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 09, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>Carson Tahoe Reginal Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>82</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2823</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George BEARD</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vivian CHAPMAN</b>			
18a. INFORMANT- NAME (Type or Print) <b>Blaine Eric BEARD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2808 Vecchio Dr Sparks, Nevada 89434</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NADIA NINA SANDOVAL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations 1600 Buckeye Rd Minden NV 89423</b>	
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) <b>MARILYN A BRANINBURG</b> 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) <b>December 11, 2023</b>		21c. HOUR OF DEATH <b>13:28</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>December 09, 2023</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH <b>13:28</b>		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 09, 2023</b>		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>JACKIE LYNN LARUE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 11, 2023</b>		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) <b>Cardiorespiratory Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Atherosclerotic Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Hypertension</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Hyperlipidemia</b> 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. Chronic Obstructive Pulmonary Disease; Pulmonary Fibrosis; Diabetes Mellitus; Unknown Etiology				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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: **12/27/2023**

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

*Cody D. Phinney*  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

