

1 vived by the affiant CHARLES D. BROWN, thereby affecting the es-
2 tate of the affiant, who has at all times since the 12th day of
3 May, 1984 held and presently holds the entire estate in said
4 property in fee simple absolute, as the surviving tenant between
5 them.

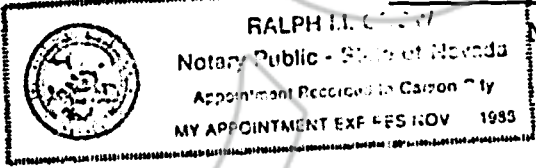
6 5. A copy of the Certificate of death of the decedent
7 CARRIE E. BROWN, signed by Wandel Brunner, M.D., the Local Regis-
8 trar for Contra Costa County, California and bearing the official
9 seal of Contra Costa County Health Services, affixed thereto is
10 attached hereto and made a part hereof by reference to establish
11 the death of the said CARRIE E. BROWN pursuant to NRS Title 3,
12 Section 40.470(5).

13 6. That the recording of this affidavit pursuant to the
14 provisions of NRS Title 3, Section 40.470(5) affects the interest
15 of the affiant by establishing the death of the joint tenant
16 CARRIE E. BROWN prior to the death of affiant who has executed
17 this affidavit this 31st day of October, 1984.

18 Charles D. Brown
19 Affiant
20 Charles D. Brown

21 Subscribed and sworn to before me, a notary public,
22 this 31st day of October, 1984.

23 Ralph M. Crow



24 Notary Public

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0760

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST CARRIE		1B. MIDDLE ESTEEL		1C. LAST BROWN		2A. DATE OF DEATH (MONTH, DAY, YEAR) MAY 12, 1984		2B. HOUR 1312		
	3. SEX FEMALE	4. RACE/ETHNICITY WHITE		5. SPANISH/HISPANIC NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	6. DATE OF BIRTH APRIL 20, 1910		7. AGE 74 YEARS	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA.			9. NAME AND BIRTHPLACE OF FATHER JAMES HARDY - CA.			10. BIRTH NAME AND BIRTHPLACE OF MOTHER ANGIE SAINZ - CA.				
	11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER [REDACTED] 1435 B		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) CHARLES D. BROWN			18. KIND OF INDUSTRY OR BUSINESS HOME	
	15. PRIMARY OCCUPATION HOUSEWIFE		THIS OCCUPATION (YEARS) 50	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) SELF							

USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1561 4th STREET		19B. _____		19C. CITY OR TOWN MINDEN	
	19D. COUNTY DOUGLAS COUNTY		19E. STATE NEVADA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP MR. CHARLES D. BROWN - HUSBAND P.O. BOX 1474 MINDEN, NEV. 89423	

PLACE OF DEATH	21A. PLACE OF DEATH LOS MEDONAS COMMUNITY HOSPITAL		21B. COUNTY CONTRA COSTA	
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2311 LOVERIDGE RD.		21D. CITY OR TOWN PITTSBURG	

CAUSE OF DEATH	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER? NO	
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		25. WAS DISPOST PERFORMED? NO	
	(A) CARDIOGENIC SHOCK 2 1/2 HRS DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(B) ACUTE MYOCARDIAL INFARCT 3 HRS DUE TO, OR AS A CONSEQUENCE OF		26. WAS AUTOPSY PERFORMED? NO		
(C) ARTERIOSCLEROSIS 27 YRS				
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH HYPERTENSION		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO		DATE _____

PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED I ATTENDED DECEDENT SINCE (ENTER MO DA YR.) 5-12-84 I LAST SAW DECEDENT ALIVE (ENTER MO DA YR.) 5-12-84		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> NO		28C. DATE SIGNED 5-14-84		28D. PHYSICIAN'S LICENSE NUMBER 6-30873	
			28E. TYPE PHYSICIAN NAME AND ADDRESS MICHAEL RUSSELL, M.D. 3006 RAILROAD AVE. PITTSBURG, CA					

INJURY INFORMATION CORONER'S USE ONLY	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR		32B. HOUR		
	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED		

36. DISPOSITION CREMATION		37. DATE—MONTH DAY YEAR 5-14-84		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY OAKMONT MEMORIAL PARK, LAFAYETTE, CA.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE NOT EMBALMED			
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40A. NAME OF FUNERAL HOME OR PERSON ACTING AS SUCH OAKMONT MEMORIAL PRK & MORTUARY		40B. LICENSE NO. F-875		41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY REGISTRAR—YEAR MAY 13 1984			
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STATE REGISTRAR	A.	B.	C.	D.	E.	F.
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VS-11 (6-82)

Certification Statement: This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official: *Michael Russell M.D.* SEAL Official Title: Local Registrar

Place of Certification: Contra Costa County Health Services—Public Health Division, Martinez, California

Date of Certification: _____

1
Record

COPY

REQUESTED BY
Charles Brown
IN OFFICIAL RECORDS OF
JUDICIAL COUNTY, NEVADA

'84 NOV -1 AIO:39

SUZANNE DEWANEAU
RECORDER

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BOOK 1184 PAGE 006