WHEN RECORDED RETURN TO: NORTHERN NEVADA TITLE CO 407 W. ROBINSON STREET CARSON CITY, NV 89703

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF Nevada)
) ss
COUNTY OF Washoe)

- I, ELEANOR BROWN, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:
 - 1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
 - 2. That I am the surviving joint tenant of DAN BROWN.
- 3. That DAN BROWN is now deceased, having died in Carson City, State of Nevada, on May 15, 1993. Attached hereto is a certified copy of the Certificate of Death of DAN BROWN, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.
- 4. That during the lifetime of the said DAN BROWN, DAN BROWN and your affiant were owners, in joint tenancy, under a Deed recorded November 15, 1991, in Book 1191, Page 2430, Document No.265098, Official Records, Douglas County, Nevada, of that certain real property situate in Douglas County, State of Nevada, more particularly described as follows:

Parcel "A" of that certain Parcel Map for Renee L. Martin, being a portion of the Northwest 1/4 of the North 1/2 of Lot 1, Section 6, Township 14 North, Range 20 East, M.D.B.& M., recorded in the office of the County Recorder of Douglas County, State of Nevada, on July 24, 1979, as Document No. 34754.

5. That by reason of the demise of the said DAN BROWN, your affiant is the sole owner under the Deed on the above-described property.

ELEANOR BROWN

Address:

3668 Summer Hill

STATE OF Nevada

SS

COUNTY OF Washoe

Signed and sworn to (or affirmed) before me on November 17, 1998, by ELEANOR BROWN.

Valker X Sci

KATHY BRANHAM
Notary Public - State of Nevada
Appointment Recorded in Washoe County
MY APPOINTMENT EXPIRES MAR. 3, 1999



SCATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



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

| | | DIVISION O | CERTIFICATE C | | T | 에 시민국에 급급하는 1808년 - 1913년 - 1914년 |
|----------------------------|--|--------------------------------------|--|--|--|--|
| TYPE | LOCAL FILE NUMBER | Riddle | Last | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER COUNTY OF DEATH |
| OR PRINT IN RMANENT | DECEASED—NAME First Dan | | BROWN | 2 May 15, | 1993 | 3a Carson City |
| LACK INK | CITY, TOWN, OR LOCATION OF | DEATH HOSPITAL OR OTHER | R INSTITUTION—Name (If not eith | er, give street and number) | I Hosp, or Inst, indicate I Rm. Inpatient (Specify) | DOA, OP/Emer, SEX |
| | 3b Carson City | 3c. Carson- | Tahoe Hospital | | . Inpatier | ıt 4 Male |
| CEDENT | RACE—(e.g., White, Black, Ameri Indian, etc) (Specify) | | nn? Specify □ yes 🗘 no 11 yes, | AGE—Last UNDER 1 YE | | |
| | Indian, etc) (Specify) 5. White | 6. | | Birthday (Years) MOS DA | 75 HOURS MINS | 8 June 9, 1931 |
| IF DEATH | STATE OF BIRTH | CITIZEN OF WHAT COUNTR | Y Decedent's Education. Spe- | MARRIED, NEVER WIDOWED, DIVOR | MARRIED, SL | IRVIVING SPOUSE (If wife, give maiden name) |
| CCURRED IN | (If not U.S.A., name country) | 9b. USA | 10. 15 | (Specify) 11. Marri | ed | Eleanor Duffey |
| E HANDBOOK REGARDING | 9a. Utah SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Giv | e Kind of Work Done During Mos | t of KIND OF BUSINE | SS OR INDUSTRY | |
| WITLETION OF IDENCE ITEMS | 13. | Working Life, Even if Betire | nd Developer | 14b. Agric | ultural In | novations |
| CORCETIONS. | RESIDENCE-STATE | COUNTY | CITY, TOWN, OR LOCATION | | | r. INSIDE CITY LIMITS (Specify Yes or No) |
| -> [| 15a Nevada | 15b.Douglas | 15c Carson City | 15d. 36 | 668 Summer | |
| | FATHER-NAME First | Middle | | ER-MAIDEN NAME FIRE | a Mi | ddle Last |
| RENTS | 16. John | L. E | rown 17. | Mary | Pear | 1 Illum |
| | INFORMANT—NAME (Type or Prin | | MAILING ADDRESS | | D. No., City or Town, Sta | te, Zip) |
| | 18a Eleanor D. I | Brown | 18b. 3668 Sun | mer Hill Drive | | ity, Nevada 89705 |
| _ | BURIAL, CREMATION, REMOVAL | L, OTHER (Specify) CEMETER | Y OR CREMATORY- NAME | \ / / | | ity or Town State |
| | 19a. Anatomical I | | versity of Nev | | 19c. Reno | Nevada |
| POSITION | FUNERAL DIRECTOR—SIGNATU (Or Person Acting as Such) | | DIRECTOR NAME AND ADDR | ESS OF FACILITY Walt | | l of the Valley |
| | 20a. > 15/10. 1 | Wille 20b. | 2/ 20c. 1281 N | | | ty, Nevada 89706 |
| | 21a. To the best of my know due to the cause(s) sta | wiedge down occurred at the time day | e and place and | at the time, date | xamination and/or investi and place and due to the | gation, in my opinion death occurred cause(s) and manner stated. |
| | A TO THE BEST OF THY ARON due to the cause(s) stored to the cause(s) | | Word | (Signature and Title) DATE SIGNED (Mo., I | | |
| | DATE SIGNED (Mo., E | Da), 17.) HOUR OF DE | ATH | DATE SIGNED (Mo., I | Day, Yr.) HO | UR OF DEATH |
| TICIED | 5 21b. 5-17-9 | | | | 220 | |
| TIFIER | NAME OF ATTENDING | G PHYSICIAN IF OTHER THAN CERTI | FIER (Type or Print) | PRONOUNCED DEAD | (Mo., Day, Yr.) PR | ONOUNCED DEAD (Hour) |
| 1 | 51q. | | | 22d. ON | 22e | . AT LICENSE NUMBER |
| 1 | | OF CERTIFIER (PHYSICIAN, ATTEN | The state of the s | | | |
| | \ | To Ross MD 904 N | Nevada St., | D BY REGISTRAR (Mo., Day, Yr.) | They House to COM | - |
| IDITIONS FANY | REGISTRAR | no Variable | | (18)993 | | |
| CH GAVE | 24a. (Signature) 25. IMMEDIATE CAUSE (EN | L MY QUE LAUSE PER LINE FO | 24b/100 | 193 | 24c. YES N | Interval between coset and death |
| ISE TO MEDIATE CAUSE | 25. IMMEDIATE CAUSE JEN | MENONE CAUSE FER EINE FO | MOLE HAIPL | CASA | | |
| TING THE ERLYING | PART (E) PUS TO OR AS A | CONSEQUENCE OF: | 709 1000 | Vill | | Interval between onset and death |
| ISE LAST | 1 MAC | hac han | (PATACOS | 2 | | |
| 4-> | | CONSEQUENCE OF: | 20,0,0,000 | | | Interval between onset and death |
| | () | | | | | |
| USE OF | (c) OTHER SIGNIFICANT | CONDITIONS—Conditions contributing | to death but not resulting in the un | derlying cause given in Part I. | AUTOPSY (Special Yes or No | y WAS CASE REFERRED TO O) CORONER (Specify Yes or No) |
| EATH | PART II | 3 | | | Yes or No | o) CORONER (Specify Yes or No) 27. No |
| \ I | ACC., SUICIDE, HOM., UNDET., | DATE OF INJURY (Ma. Day, Yr.) HOL | JR OF INJURY DESCRIE | E HOW INJURY OCCURRED | 140 | 150 |
| - \ I | OR PENDING INVEST. (Specify) | 28b. 28c. | . 1 | | 2 | FAL |
| - N. | 28a. INJURY AT WORK | PLACE OF INJURY—At home, farm, s | treet, factory, office LOCATIO | N. STREET OR R.F. | .D. No. CITY | OR TOWN STATE |
| T* | (Specify Yes of No) 28e. | building, etc. (Sp. 28f. | ecity) 28g. | | | |
| | 200. | | | | | (25/2007 |
| | | | | I drong me a | $_{ne}$ No | VI VI 202 |
| 130000 | This is to | to certify that the above is | a true and correct copy | 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| all II | of the c | ertificate on file in this off | STATE REGIS | trar . | Donutu Dogistese | |
| E . | Date Iss | sued: MAY 1 8 | 1993 | | Deputy Registrar | |
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| | THE REAL PROPERTY. | W CEEDS W | | O O O O THIS DOOL | | |
| W. V | | WARNING: IT IS | HATERAL OF ALTER O | H CUPY THIS DUCUM | | |
| | The state of the s | m m Supration and an in the | to the fall of the fall of | | 7 () | |

REQUESTED BY

Northern Nevada Title Company for A
IN OFFICIAL RECORDS OF
DOUGLAS CO.. NEVADA

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LINDA SLATER
RECORDER

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