

**AFFIDAVIT - DEATH OF JOINT TENANT**

APN 21-203-08

MONA EVA BROWN, of legal age, being first duly sworn, deposes and says:

That ROBERT G. BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT G. BROWN

named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated DECEMBER 8, 1993

executed by HAROLD P. REITZIG AND BARBARA A. REITZIG, HUSBAND AND WIFE AS JOINT TENANTS

to MONA EVA BROWN AND ROBERT G. BROWN, WIFE AND HUSBAND

as joint tenants, recorded as Instrument No. 324474, on DECEMBER 8, 1993, in

Book 1293, Page 1680, of Official Records of DOUGLAS

County, Nevada, covering the following described property situated in the City of \_\_\_\_\_

Minden \_\_\_\_\_, County of DOUGLAS, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 24 in Block 3 of Re-Subdivision of portions of ARTEMISIA RE-SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 23, 1962, as Document No. 19909.

A.P.N. 21-203-08

Dated August 24, 1999

STATE OF NEVADA

COUNTY OF Douglas  
On 8/24/99 personally  
appeared before me, a Notary Public,

} s.s. Mona Eva Brown  
MONA EVA BROWN

Mona Eva Brown,  
personally known or proved to me to be the person whose name is  
subscribed to the above instrument who acknowledged that he  
executed the instrument.

Signature Nicole Peterson

NICOLE PETERSON  
NOTARY PUBLIC - STATE OF NEVADA  
APPOINTMENT RECORDED IN COUNTY OF DOUGLAS  
MY APPOINTMENT EXPIRES OCT. 13, 2001  
NO: 97-4131-5

(This area for official notarial seal)

Title Order No.00081754

Escrow or Loan No.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY  
Western Title Company, Inc.  
AND WHEN RECORDED MAIL TO

Name MONA EVA BROWN  
Street Address 110 Faye Morrison  
P.O. Box 787  
City, State Arnold, CA  
Zip 95223

0475438

011287.edc08/24/99

BK0899PG5268

# STATE 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 CERTIFICATE OF DEATH

94 000772

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Robert G BROWN			DATE OF DEATH (Month, Day, Year) 2. January 21, 1994		STATE FILE NUMBER
CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3a. Inpatient /
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 67	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8. August 25, 1926
SOCIAL SECURITY NUMBER 13. ██████████ 8648		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Rancher	473	KIND OF BUSINESS OR INDUSTRY 14b. Livestock	SURVIVING SPOUSE (If wife, give maiden name) 12. Mona Evans
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 2534 Stewart Ave.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Homer Brown			MOTHER—MAIDEN NAME First Middle Last 17. Bernice Gates		
INFORMANT—NAME (Type or Print) 18a. Mona Brown			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2634 Stewart Avenue, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Walton's Chapel</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nv. 89706 02		
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>J Bower MD</i> DATE SIGNED (Mo., Day, Yr.) 21b. 1-21-94			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) _____ DATE SIGNED (Mo., Day, Yr.) 22b. _____		
21c. HOUR OF DEATH 21d. 0030			22c. HOUR OF DEATH 22d. _____		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21f. _____			22e. PRONOUNCED DEAD (Mo., Day, Yr.) 22f. _____		
21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. John Bower MD 1200 Mountain Street, Carson City, Nevada 89703			22g. AT 22h. _____		
23b. LICENSE NUMBER 23c. 6493			23d. _____		
REGISTRAR 24a. (Signature) <i>Anna L. Olson</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 1-21-94		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) <i>End Stage Lung Cancer</i>				Interval between onset and death : 5 months	
(b) _____				Interval between onset and death : _____	
(c) _____				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.				AUTOPSY (Specify Yes or No) 26. No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No				28. _____	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

No. 060188

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAR 02 1995

By: *Gwonne Sylvia*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY  
WESTERN TITLE COMPANY, INC.  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

1999 AUG 27 PM 4:21

LINDA SLATER  
RECORDER

PAID *KZ* DEPUTY

0475438

BK0899PG5269