

A.P.N. 0000-37-453-170 1022-15-001-131

When Recorded Mail To:

Mr. and Mrs. Vernon O. Brown
1966 Dayton Street
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

VERNON O. BROWN, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the Affiant is the person named as VERNON O. BROWN, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 5th day of March, 1993, as Instrument Number 301415, Book 393, Page 1513, wherein PAULINE L. REA, a widow, VERNON O. BROWN and CYNTHIA E. BROWN, husband and wife, were named as joint tenants with right of survivorship to all of that real property described as follows:

Lot 31, Block H, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada.

That PAULINE L. REA was one of the grantees named in said Grant, Bargain, Sale Deed, and was the identical person named as PAULINE L. REA, the decedent, in that Certificate of Death, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in

✓ James M. O'Reilly, Attorney at Law
3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89129 (702) 477-7517
1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

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Page 1

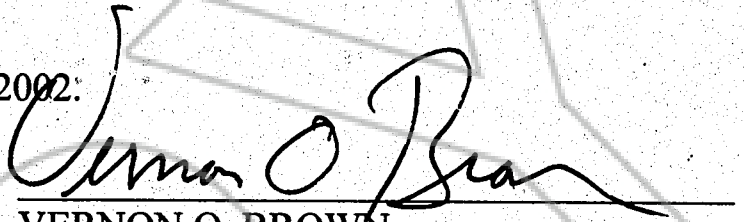
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full, verbatim.

That your Affiant is the surviving son of said decedent, and that said decedent died on the 14th day of December, 2001.

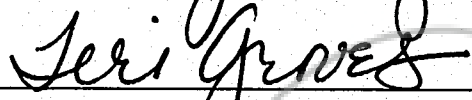
That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Dated this 14 day of Jan, 2002.


VERNON O. BROWN

SUBSCRIBED AND SWORN to before

me this 14 day of January, 2002.


Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3-2001-09

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) PAULINE		2. MIDDLE L.		3. LAST (FAMILY) REA			
4. DATE OF BIRTH M/M/DD/CCYY 10/21/1904		5. AGE YRS. 97		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 12/14/2001	
8. HOUR 0500		9. STATE OF BIRTH ID		10. SOCIAL SECURITY NO. 7695		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 14		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER STATE OF NEVADA		17. OCCUPATION SECRETARY		18. KIND OF BUSINESS STATE GOVERNMENT		19. YEARS IN OCCUPATION 25	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3885 GRANITE WAY							
21. CITY WELLINGTON		22. COUNTY LYON		23. ZIP CODE 89444		24. YRS IN COUNTY 20	
25. STATE OR FOREIGN COUNTRY NEVADA		26. NAME, RELATIONSHIP VERNON O. BROWN - SON					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1966 DAYTON TOPAZ LAKE, GARDNERVILLE, NV 89410						28. NAME OF SURVIVING SPOUSE—FIRST VERNON O. BROWN	
29. MIDDLE -		30. LAST (MAIDEN NAME) -		31. NAME OF FATHER—FIRST WILLARD		32. MIDDLE -	
33. LAST DETRICK		34. BIRTH STATE IA		35. NAME OF MOTHER—FIRST BEATRICE		36. MIDDLE -	
37. LAST (MAIDEN) LANGLEY		38. BIRTH STATE ID		39. DATE M/M/DD/CCYY 12/18/2001		40. PLACE OF FINAL DISPOSITION VERNON O. BROWN, 1966 DAYTON TOPAZ LAKE, GARDNERVILLE, NV	
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/CCYY 12/17/2001	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) INTRA-ABDOMINAL SEPSIS		TIME INTERVAL BETWEEN ONSET AND DEATH 7 Days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) BOWEL OBSTRUCTION		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 ADVANCED DEMENTIA			
DUE TO (D)		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 12/05/2001 DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 12/13/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Steve Levesque</i>		116. LICENSE NO. G59191		117. DATE M/M/DD/CCYY 12/14/2001	
118. TYPE OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEVE LEVESQUE, MD, 1090 3RD ST., SO. LAKE TAHOE, CA 96150		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 9793		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 12/27/2001

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

EXHIBIT
"A"
Stephen G. Drogina
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER



COPY

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN 15 AM 10:07

LINDA SLATER
RECORDER

\$ 17⁰⁰ PAID KV DEPUTY

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