1220-16-710-022 ESCROW NO. 020709292

RECORDING REQUESTED BY: STEWART TITLE COMPANY WHEN RECORDED MAIL TO:

MR. THOMAS BRIEN P. O. BOX 134 GARDNERVILLE, NV 89410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }						
COUNTY OF DOUGLAS } ss.						
THOMAS F. BRIEN	, of legal age, being first duly sworn, deposes and says:					
That RAE MARIE BRIEN	, the decedent mentioned in the attached certified copy					
of Certificate of Death, is the same person as RAE MARIE	BRIEN					
named as one of the parties in that certain GRANT DEED dated November 23, 1971						
executed by TORSTAN, a Nevada limited partnership						
to THOMAS F. BRIEN and RAE MARIE BRIEN						
as joint tenants, recorded as Instrument No. 55683	on December 01, 1971					
in Book 94 , Page 69 , of Officia	1 Records of DOUGLAS					
County, Nevada, covering the following described property situated in the DOUGLAS						
County, State of Nevada:						
SEE EXHIBIT "A" ATTACHED HERETO AND I	MADE A PART HEREOF					

THIS DOCUMENT IS BEING RE-RECORDED TO CORRECT THE LEGAL DESCRIPTION

DATE: January 27, 2003

THOMAS F. BRIEN

STATE OF Nevada

COUNTY OF DOUGLAS

This instrument was acknowledged before me on by, THOMAS F. BRIEN

Signature_ Notary Public

0568089

BK0203PG10157 BK0203PG02113

0566464

Notary Public - State of Nevada Appointment Recorded in Douglas County

No. 93 2710-5 - EXPIRES APRIL 29, 2005

LOCAL FILE NUMBER

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

STATE FILE NUMBER

VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES **CERTIFICATE OF DEATH**

OR PRINT	/ DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Yea	COUNTY OF DEATH
IN PERMANENT	1. RaeMarie	Elaine	BRIEN	2. January 1, 200	3 3a. Carson City
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER IN	ISTITUTION—Name (If not either, give s	treet and number) If Hosp, or Inst.	indicate DOA, OP/Emer. SEX pecify)
DECEDENT	3b. Carson City	3c. Carson Ta	ahoe Hospital	3e. Inp	atient 4 Female
DECIDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? specify Mexican, Cuban, Puerto R	Specify ☐ yes ☐ no If yes, AGE—La Birthday (R 1 DAY DATE OF BIRTH (Mo., Day, Yr.)
	5. White	6.		2 7b. 7c.	8. May 8, 1920
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN- TRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	9a. Ohio	9b. U.S.A.	10. 12	(Specify) Married	12. Thomas Brien
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give h Working Life, Even if Retired)	Kind of Work Done During Most of	KIND OF BUSINESS OR INDUST	TRY
COMPLETION OF RESIDENCE ITEMS	13. -2762	14a. Sales	Representative	14b. Women Cloth	ing
	RESIDENCE—STATE COUL		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
-> (15a. Nevada 15b.	Douglas	_{15c.} Gardnerville	_{15d.} 868 Arrow	head (Specify Yes or No) .
DADENTS	FATHER—NAME First	Middle	Last MOTHER—MAIL	DEN NAME First	Middle Last
PARENTS	16. James	De	eSanto 17.	Katherine	Legatz
	INFORMANT—NAME (Type or Print)		. MAILING ADDRESS	(Street or R.F.D. No., City or	Fown, State, Zip)
	18a. Thomas Brien -	· Husband	18b. P.O. Box	134, Gardnerville	, Nevada 89410
_	BURIAL, CREMATION, REMOVAL, OTHE	R (Specify) CEMETERY C	OR CREMATORY—NAME	LOCATION	City or Town State
DISCOSITION	19a. Cremation	19b. Fi	tzHenry's Cremato	ry l _{19c.} Ca	rson City, Nevada
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIF	RECTOR NAME AND ADDRESS OF F	ACILITY FitzHenry's	Funeral Home
Ĺ	20a. 20a.	20b. 21		The second secon	on City, NV 89701
	Z 21a To the best of my knowledge, due to the cause(s) stated.	death occurred at the time, date ar	d place and		or investigation, in my opinion death occurred ue to the cause(s) and manner stated.
	21a to the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr., Day	M(1) $B($		at the time, date and place and d	ue to the cause(s) and manner stated.
	DATE SIGNED, (Mo., Day, Yr.,	HOUR OF DEATH	Working a specific before the specific before	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	製 21b. クノ M	3 21c. 11	:53	22b.	22c.
CERTIFIER	NAME OF ATTENDING PHYS	ICIAN IF OTHER THAN CERTIFIE	1.0	PRONOUNCED DEAD (Mo., Day, Yr.)	76-27
	EE !		20	/ /	, ,
		ERTIFIER (PHYSICIAN, ATTENDIN	G PHYSICIAN, MEDICAL EXAMINER, O	22d. ON R CORONER). (Type of Print.)	22e. AT LICENSE NUMBER
l			leischmann Way, C		
CONDITIONS	REGISTRAR	/		GISTRAR (Mo., Day, Yr.) DEATH DUE	200.
IF ANY WHICH GAVE	24a. (Signature)	A Will was	Δ l Λ	m	
RISE TO IMMEDIATE		NLY ONE CAUSE PER LINE FOR	A MARKALLAN AND AND AND AND AND AND AND AND AND A	3 24c. YES	NOX Interval between onset and death
CAUSE STATING THE	Longu	#	hsic ocuste	Cha Quashot	C :
UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A CONS		10713 WCUI C	MILLENDO IVI	Interval between onset and death
	(interval between onset and death
	DUE TO, OR AS A CONS	EQUENCE OF:			- Internet between excel and death
	(33213, 311, 713313		/ /		Interval between onset and death
CAUSE OF	(C) OTHER SIGNIFICANT COND.	TIONS—Conditions contributing to	death but not resulting in the underlying c	gura givan in Bort t AUTODOV	(Specific Lawas sales December 1
DEATH	PART OTHER SIGNIFICANT CONDI	TIONS—CONGRESS CONTRIBUTING TO	seam but not resulting in the underlying c	Y	(Specify WAS CASE REFERRED TO CORONER (Specify Yes or No)
808	ACC SUICIDE HOM LINDET DATE	OF INJURY (Mo., Day, Yr.) HOUR C	DESCRIBE HOW IN	26. n o	_{27.} yes
0 0	OR PENDING INVEST.	1	1 \ 1	JURY OCCURRED	
2 8	28a. 28b.	28c.	M 28d.		
03PG	(Specify Yes or No)	E OF INJURY—At home, farm, stre building, etc. (Specify	et, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
- α α	28e. 28f.		28g.		
مي ري	111111111111111111111111111111111111111		/ /		No.231087
て .		STATE REG	ISTRAR		NO.232001
/2 A	THE WALL BAY A. H.				
5	one they continued the second				
∞	SinApple Street Street				
	and Willy All			1.	
STATE OF THE STATE		0		Maran	ne Jylva
		This is to certify that t	the above is a true and corr	ect copy	
	Application Building	of the certificate on fil		K. To accepte	
		Date Issued: 」	N 0 3 2003 n56	6464	State Registrar
		WADNING, IT IS	ILLEGAL TO ALTER OR COPY TH		
		WARNING: IT IS			
			HK U Z U	3PG02114	

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020709292

Lot 22, Block A, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

022 Assessors Parcel No. 1220-16-710-022

0568089 BK0203PG10159

0566464 BK0203PG02115 Stewart Title of Douglas County IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2003 FEB -6 PM 3: 28

WERNER CHRISTEN
RECORDER

S / 6 PAID / DEPI

