

REQUESTED BY  
FIRST AMERICAN TITLE CO.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 AUG -7 PM 12:40

WERNER CHRISTEN  
RECORDER

\$15.00 PAID Re DEPUTY

A.P.N.: 1022-16-001084  
File No: accgb24 (GB)

When Recorded, Mail Tax Statements To:  
Roy A. Brown  
PO BOX 655  
Bridgport, CA. 93517

A.P.N.:

**AFFIDAVIT - TERMINATING JOINT TENANCY**


Roy A. Brown, Jr., of legal age, being first duly sworn, deposes and says:

That **Florence E. Brown**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Florence E. Brown** named as one of the parties in that certain **Deed** dated **June 29, 1971** executed by **Topaz Development Corporation, John Arden, President to Roy A. Brown, Jr. and Florence E. Brown** as joint tenants, recorded as Document No. 22097 on June 20 1978 in Book 1078 of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Lot 4, Block F, as shown on the map of Topaz Ranch Estates #4, filed in the office of the County Recorder of Douglas County, Nevada :**

Date: 8-4-03

By: Roy A. Brown Jr.  
Roy A. Brown Jr.

STATE OF **NEVADA** )  
 ) :ss.  
COUNTY OF **CARSON CITY** )

 **RISHELE L. THOMPSON**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 99-54931-5 - Expires April 10, 2007

This instrument was acknowledged before me on 8-4-03 by  
Roy A. Brown, Jr

Rishele L. Thompson  
Notary Public  
(My commission expires: 4/10/07 )

THIS INSTRUMENT IS BEING RECORDED AS AN  
ACCOMMODATION ONLY. NO LIABILITY EXPRESS  
OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY  
OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY,  
UPON TITLE TO ANY REAL PROPERTY DESCRIBED  
THEREIN.

FIRST AMERICAN TITLE CO.

0585700  
BK0803PG03139

# 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

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

0803PG03140  
0585700

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Florence E. BROWN			2. DATE OF DEATH (Month, Day, Year) October 31, 2000		
3a. CITY, TOWN OR LOCATION OF DEATH Carson City			3b. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Carson-Tahoe Hospital		
3c. Carson City			3e. Inpatient		
4. SEX Female			5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes.			7a. AGE—Last Birthday (Years) 71		
7b. UNDER 1 YEAR MOS : DAYS			7c. UNDER 1 DAY HOURS : MINS		
8. DATE OF BIRTH (Mo., Day, Yr.) Sept. 16, 1929			9a. STATE OF BIRTH (If not U.S.A., name country) California		
9b. CITIZEN OF WHAT COUNTRY U.S.A.			10. Decedent's Education. Specify highest grade completed. 12		
11. SOCIAL SECURITY NUMBER -5801			12. SURVIVING SPOUSE (if wife, give maiden name) Roy A. Brown		
13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker			14. KIND OF BUSINESS OR INDUSTRY Own Home		
15a. RESIDENCE—STATE California		15b. COUNTY Mono		15c. CITY, TOWN, OR LOCATION Bridgeport	
15d. STREET AND NUMBER 72 S. Buckeye Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Floyd Roberts			17. MOTHER—MAIDEN NAME First Middle Last Carole Dailey		
18a. INFORMANT—NAME (Type or Print) Roy A. Brown			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 655, Bridgeport, Calif. 93517		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701	
21. 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 11-2-00 HOUR OF DEATH 0828 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			22. 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22b. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert McDonald, M.D., 710 W. Washington, Carson City, Nv.			23b. LICENSE NUMBER 6433		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Nov 2, 2000		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (c) Advance stage subcl. cell lung Ct. Months			Interval between onset and death min. days months		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. COPD - years			26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28e. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

No.176538

STATE REGISTRAR

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

*[Signature]*  
State Registrar

Date Issued: NOV 02 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT