A.P.N. 1420-28-210-016

RECORDING REQUESTED BY:

BONNIE JEAN BRADY

MAIL TAX STATEMENTS & RECORDED DOCUMENT TO:

BONNIE JEAN BRADY 1280 HERMOSA CT. MINDEN, NEVADA 89423

2004 MAR -9 AM 9: 11

WERNER CHRISTEN

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

I, BONNIE JEAN BRADY, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

My husband, CHARLES O. BRADY, and I were named as joint tenants with right of survivorship on a parcel of real property situate in Douglas County, Nevada, commonly known as 1280 Hermosa Ct., Minden, Nevada, and more particularly described as follows:

Lot 22, as set forth on final map of SARATOGA SPRINGS ESTATES, UNIT 2, a planned unit development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on May 23, 1994, in Book 594, Page 3894, as Document No. 338088 and as amended by Certificate of Amendment recorded July 8, 1994, in Book 794, Page 1165, as Document No. 341498, of Official Records of Douglas County, Nevada.

CHARLES O. BRADY is the identical person as decedent CHARLES OTIS BRADY named in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit "A" and by this reference is incorporated herein.

I am the surviving wife of said decedent, CHARLES OTIS BRADY, who died on the 31st day of March, 2003.

Witness my hand this day of February, 2004.

STATE OF NEVADA

: SS.

)

County of Carson

BONNIE JEAN/BRADY

This instrument was acknowledged before me on the 1045 day of February, 2004, by BONNIE JEAN BRADY.

SARA ZARO NOTARY PUBLIC - NEVADA Appt. Recorded in CARSON CITY g My Appt. Exp. Mar. 28, 2007 THE CONTENT OF THE PORTER OF T

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DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

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

1		Į.	OZ.TTI TOATE OF	DEATH	\
7.05	LOCAL FILE NUMBER DECEASED—NAME First	Let J. I.			STATE FILE NUMBER
TYPE OR PRINT		Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PERMANENT BLACK INK	1. Charles CITY, TOWN OF LOCATION OF DEATH	Otis	BRADY R INSTITUTION—Name (If not either,	2. March 31, 2003	3a Douglas
DEROK WAR	A Committee of the Comm	ť		give street and number) If Hosp, or Inst. indic Rm. Inpatient (Specif	ate DOA, OP/Emer. SEX y)
DECEDENT	3b. Minden		Hermosa Court	3e.	4. Male
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Ori specify Mexican, Cuban, Puert	gin? Specify ☐ yes ☑ no If yes, AG o Rican, etc. Birt	E—Last UNDER 1 YEAR UNDER 1 (hday (Years) MOS DAYS HOURS	
	5 White STATE OF BIRTH	6.	7a.	73 70. 76.	8 October 6, 1929
IF DEATH OCCURRED IN	(If not U.S.A., name country)	CITIZEN OF WHAT COUN	 Decedent's Education. Specify I grade completed. 	WIDOWED, DIVORCED	SURVIVING SPOUSE (if wife, give maiden name)
INSTITUTION SEE HANDBOOK	9a. California	9b. U.S.A.	10. 12	(Specify) Married	12 Bonnie Kramer
REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Gi Working Life, Even if Retire	ve Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	13. –0086		Sales Manager	14b. Heavy Equipm	ent
	RESIDENCE—STATE COU		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
-> (15a Nevada 15b.	Douglas	15c. Minden	15d 1280 Hermo	. (Specify Yes or No) sa Crt. 150. ves
W DEVEO	FATHER-NAME First	Middle	Last MOTHER	MAIDEN NAME First	Middle Last
PARENTS	16. Charles	Arnold */	Brady 17	Anita	Maynard
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town	, State, Zip)
	18a. Bonnie Brady -	Wife	₁₈₆ 1280 Не	rmosa Court, Minden,	NV 89423
(BURIAL, CREMATION, REMOVAL, OTH	ER (Specify) CEMETER	RY OR CREMATORY—NAME	LOCATION	City or Town State
	19a Cremation	196. Г	itzHenry's Crema	tory Cars	on City, Nevada
ISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting & Such) FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENRY'S Carson Valley Funeral				
Į	20a.			380 Hwy 395, Gardnerv	
>	> 17 4 17 10 10 10	death occurred at the time, date		22a. On the basis of examination and/or inv	
	due to the cause(s) stated.	Harry S.		at the time, date and place and due to	the cause(s) and manner stated.
1	© (Signature and Title) ► 1	HOUR OF DE	ATH T	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
i				E-0	
ERTIFIER	0 ≥ 21b4	121c. 12		S E 22b.	22c.
	EE NAME OF ATTENDING FITS	SICIAN IF OTHER THAN CERTI	FICH (Type of Frint)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
				22d_ON =	22e, AT
1			DING PHYSICIAN, MEDICAL EXAMIN		LICENSE NUMBER
		ortn, M.D., 8		, Carson City, NV 897	
CONDITIONS IF ANY	REGISTRAR	11/1	DATE RECEIVED E	BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO (COMMUNICABLE DISEASE
VHICH GAVE RISE TO	24a (Signature)	K Kachon	2 240. april	13 2120 3 24c. YES	мом
IMMEDIATE /	25. IMMEDIATE CAUSE (ENTER C	NLY ONE CAUSE PER LINE	OR (a), (b), AND (c).)		Interval between onset and death
CAUSE STATING THE INDERLYING	PART (a)	olono 2	ر ند صحیت		•
CAUSE LAST	DUE TO, OR AS A CON	EQUENCE OF:			Interval between onset and death
	(b)				
7	DUE TO, OR AS A CONS	SEQUENCE OF:		100 (100 (100 (100 (100 (100 (100 (100	Interval between onset and death
	(()		* # # * * * * * * * * * * * * *		:
AUSE OF	PART OTHER SIGNIFICANT COND	ITIONS—Conditions contributing	to death but not resulting in the under	flying cause given in Part 1. AUTOPSY (Sp.	ecity WAS CASE REFERRED TO
DEATH	11			26. no	r No) CORONER (Specify Yes or No)
1 1	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.) HOL	IR OF INJURY DESCRIBE H	OW INJURY OCCURRED	27. yes
-\ \\	OR PENDING INVEST. (Specify) 28a. 28b.		ľ		
-\ L'		28c. E OF INJURY At home, farm,	M 28d. street, factory, office LOCATION.	STREET OR R.F.D. No. C	ITY OR TOWN STATE
- \ I	(Specify Yes or No)	building, etc. (Sp.	ecity)	Orman distribution (V	ON TOTAL
1	28e. 28f.		28g.		
\.		/ /		N.	102/18288

STATE REGISTRAR

Date Issued:

0.∠40∠00



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

APK 0 3 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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