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DOC # 0738120  
02/19/2009 02:43 PM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
PATRICIA PRICE

Assessor's Parcel Number: 1220-22-211-013

Recording Requested By: Patricia Price

Name: Patricia Price

Address: 921 Dean Dr

City/State/Zip Gardnerville Nev

Real Property Transfer Tax: \$ \_\_\_\_\_

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0209 PG-4700 RPTT: 0.00



AFFIDAVET DEATH OF JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**AFFIDAVIT-DEATH OF A JOINT TENANT**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

I, WANDA E. BROOKS, of legal age, being duly sworn, deposes and says that ROBERT J. BROOKS, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as WANDA E. BROOKS named as one of the parties in that certain joint tenancy Deed dated April 23, 1992, executed by SCOTT BARTELS and MOLLIE MARSHALL. , to ROBERT J. BROOKS and WANDA E. BROOKS, husband and wife as joint tenants with right of survivorship recorded as instrument number 278734, on MAY 15, 1992 in Book 592, Page 2702, of Official Records of Douglas County, Nevada, covering the following described property:

**LEGAL DESCRIPTION**

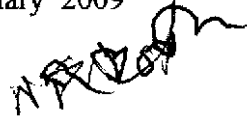
All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, in Block B, as shown on the map of BARRINGTON RANCHOS, ifled for record in the office of the County Recorder of Douglas County, Nevada, on March 1, 1991, in Book 391, Page 187, as Document No.245840, being a subdivision of Lot 706 as shown on the map of GARDNERVILLE RANCHOS UNIT No. 6, filed for recorded on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada, as Document No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082 of Official Records at Page 006, as Document No. 71399.

Assessment Parcel No. 29-232-14

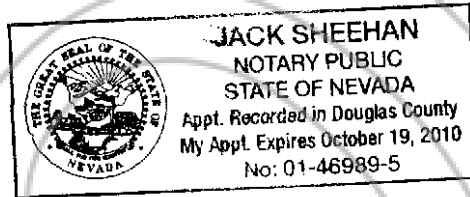
APN: 1220-22-211-013

DATED this 19 day of February 2009



WANDA E. BROOKS

SUBSCRIBED and SWORN to before me *by Wanda E. Brooks*  
this 19 day of February 2009

  
NOTARY PUBLIC

WHEN RECORDED MAIL TO:

PATRICIA PRICE  
921 Dean Dr.  
Gardnerville, NV. 89410



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2009001558**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert J BROOKS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 30, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1426 Purple Sage Drive</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 28, 1935</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Wanda ALLEN</b>	
13. SOCIAL SECURITY NUMBER <b>██████████9662</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Inspector</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Air Craft</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1426 Purple Sage Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER -NAME (First Middle Last Suffix) <b>Homer BROOKS</b>	
17. MOTHER -NAME (First Middle Last Suffix) <b>Alene ELLIS</b>		18a. INFORMANT -NAME (Type or Print) <b>Patty PRICE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>921 Dean Drive, Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MIKAL RAHMAN M.D. SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 05, 2009</b>		21c. HOUR OF DEATH <b>23:45</b>		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) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>MIKAL RAHMAN M.D. 1520 Virginia Ranch, Gardnerville, NV. 89410</b>		23b. LICENSE NUMBER <b>11904</b>		24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <b>SIGNATURE AUTHENTICATED</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2009</b>		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) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Lymphoma of lungs</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26b. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28. DESCRIBE HOW INJURY OCCURRED	

STATE REGISTRAR

561E, 09



0738120 Page: 4 Of 4 02/19/2009

BK- 0209  
PG- 4703

VRS-Rev-2008T

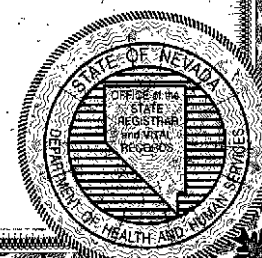
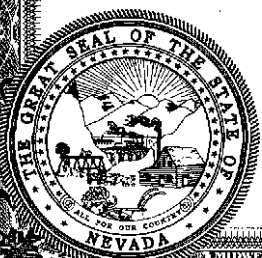
256816 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **02/09/2009**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*Rnd White*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE