

DOC # 772485
 10/20/2010 01:50PM Deputy: SD
OFFICIAL RECORD
 Requested By:
 STEWART TITLE - CARSON
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 4 Fee: 17.00
 BK-1010 PG-4015 RPTT: 0.00

A.P.N. #	1022-16-001-058
Escrow No.	1034114DR
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Stewart Title	
1886 College Parkway, Suite 101	
Carson City, NV 89706	



(for recorders use only)

Affidavit of Death of Joint Tenant
 (Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 NRS
 (State specific law)

Dena Reed
 Signature

Escrow Officer
 Title


Dena Reed
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



A.P.N. #	1022-16-001-058
Escrow No.	1034114DR
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Jeanette Brownlee	
3299 Summerfield Rd.	
Santa Rosa, CA 95405	

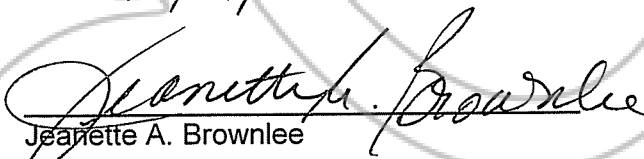
AFFIDAVIT – DEATH OF JOINT TENANT

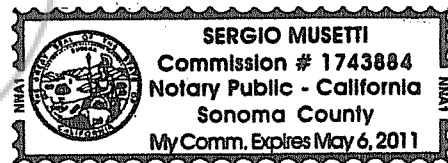
State of Nevada }
 } ss.
 County of Douglas }

Jeanette A. Brownlee, of legal age, being first duly sworn, deposes and says: That, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Royce Q. Brownlee named as one of the parties in that certain ^{joint} tenancy Deed dated 1-19-87 executed by ^{James Newman and Rose Marie Newman} HW/JT to Royce Q. Brownlee and Jeanette A. Brownlee, husband and wife as joint tenants, recorded as Document No. 154503, on 5-8-87 in Book 587, of Official Records of Douglas, Nevada, covering the following described property situated in Douglas County, State of Nevada: ^{pg 795}

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: 10/19/10


 Jeanette A. Brownlee



State of CA }
 } ss.
 County of SONOMA }


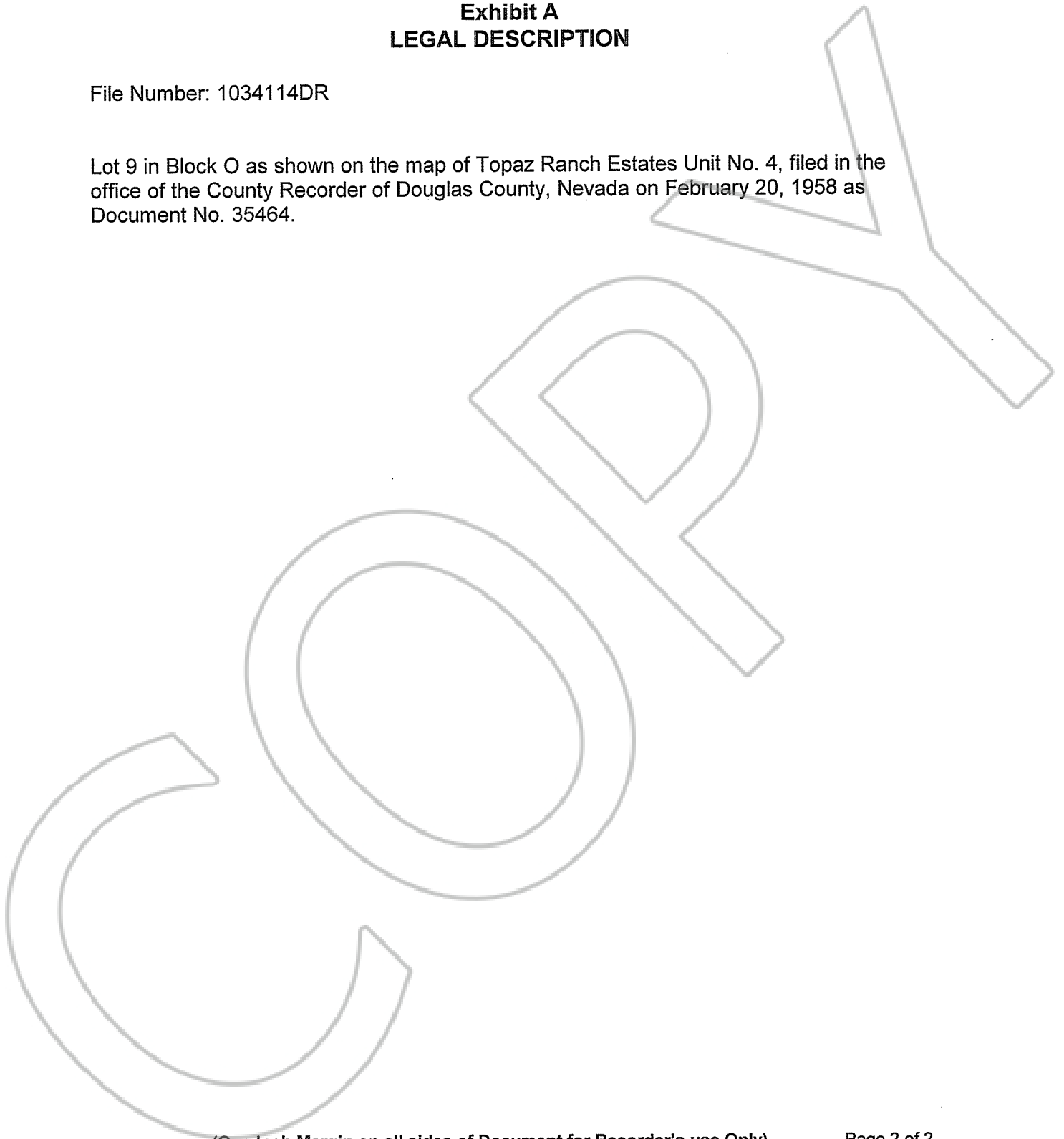
This instrument was acknowledged before me on 10/19/10
 By: JEANETTE A. BROWNLEE
 Signature: 
 Notary Public



Exhibit A
LEGAL DESCRIPTION

File Number: 1034114DR

Lot 9 in Block O as shown on the map of Topaz Ranch Estates Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada on February 20, 1958 as Document No. 35464.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200949001494

1. NAME OF DECEDENT - FIRST (Given) ROYCE		2. MIDDLE QUINTON		3. LAST (Family) BROWNLEE	
4. DATE OF BIRTH mm/dd/yyyy 06/02/1939				5. AGE Yrs. 69	
6. SEX M					
9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER 7593		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 05/29/2009		8. HOUR: (24 Hours) .0435	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. CORRECTIONAL OFFICER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE CORRECTIONAL AGENCY		19. YEARS IN OCCUPATION 10
20. DECEDENT'S RESIDENCE (Street and number or location) 3299 SUMMERFIELD RD					
21. CITY SANTA ROSA		22. COUNTY/PROVINCE SONOMA		23. ZIP CODE 95405	24. YEARS IN COUNTY 4
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city of town, state, ZIP) 3299 SUMMERFIELD RD, SANTA ROSA, CA 95405			
28. NAME OF SURVIVING SPOUSE - FIRST JEANETTE			29. MIDDLE ALEXANDRIA		30. LAST (Maiden Name) ULIBARRI
31. NAME OF FATHER - FIRST WOODROW		32. MIDDLE WILSON		34. BIRTH STATE MS	
33. NAME OF MOTHER - FIRST MANELL		35. MIDDLE BISHOP		36. BIRTH STATE MS	
39. DISPOSITION DATE mm/dd/yyyy 06/03/2009		40. PLACE OF FINAL DISPOSITION SANTA ROSA MEMORIAL PARK 1900 FRANKLIN ST, SANTA ROSA, CA 95404			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER TODD JENSEN		43. LICENSE NUMBER EMB7859	
44. NAME OF FUNERAL ESTABLISHMENT DANIELS CHAPEL OF THE ROSES		45. LICENSE NUMBER FD209		46. SIGNATURE OF LOCAL REGISTRAR MARY MADDEX-GONZALEZ, M.D.	
47. DATE mm/dd/yyyy 06/01/2009					
101. PLACE OF DEATH KAISER HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 401 BICENTENNIAL WAY		106. CITY SANTA ROSA	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) CARDIORESPIRATORY FAILURE (b) INTERSTITIAL LUNG DISEASE, ETIOLOGY UNKNOWN					
108. TIME ELAPSED BETWEEN DEATH AND REPORT TO CORONER 5 MINS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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: 05/22/2009 Decedent Last Seen Alive: 05/29/2009		115. SIGNATURE AND TITLE OF CERTIFIER HELEN LOIS HAMMER M.D.		116. LICENSE NUMBER G38594	
117. DATE mm/dd/yyyy 06/01/2009		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GARIMA SUSAN HOFFMANN M.D. 401 BICENTENNIAL WAY, SANTA ROSA, CA 95403			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		122. SIGNATURE OF CORONER / DEPUTY CORONER			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		*01000100123245*			

BK-1010
PG-4018

772485 Page: 4 of 4 10/20/2010

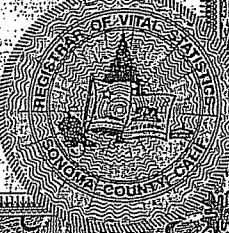
CERTIFIED COPY OF VITAL RECORDS.
STATE OF CALIFORNIA } SS
COUNTY OF SONOMA } DATE ISSUED **06/03/2009**

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics Office, Sonoma County Department of Health Services.

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

000602057

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE