

OFFICIAL RECORD
Requested By:
LORRAINE MASTERSON

A.P.N.: 1220-08-812-024

RECORDING REQUESTED BY

Lorraine Masterson

MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO

Lorraine Masterson
P.O. Box 1241
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0811 PG- 1045 RPTT: 0.00



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Lorraine Masterson, of legal age, being duly sworn, deposes and says:

That Robert H. Brown, Sr., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert H. Brown, Sr. named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 23, 2007, executed by Coker-Ewing-Nev, LLC a Nevada Limited Liability Company to Robert H. Brown, Sr., an unmarried man, and Lorraine Masterson, an unmarried woman as joint tenants, recorded as Instrument No. 0694997, on February 14, 2007, in Book 0207, Page 4580, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated:

Lorraine Masterson
Lorraine Masterson

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA)

COUNTY OF DOUGLAS)

On 8/5/11 personally appeared before me, a Notary Public,
Lorraine Masterson

who acknowledged that she executed the above instrument.

Signature *J Mayo*
(Notary Public)

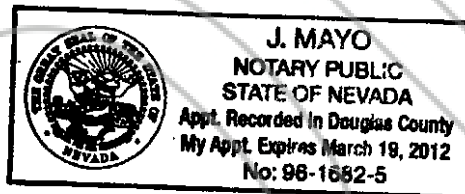
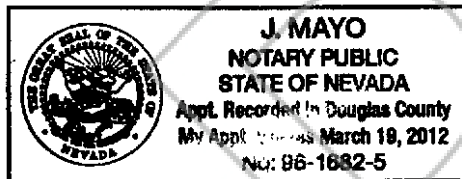
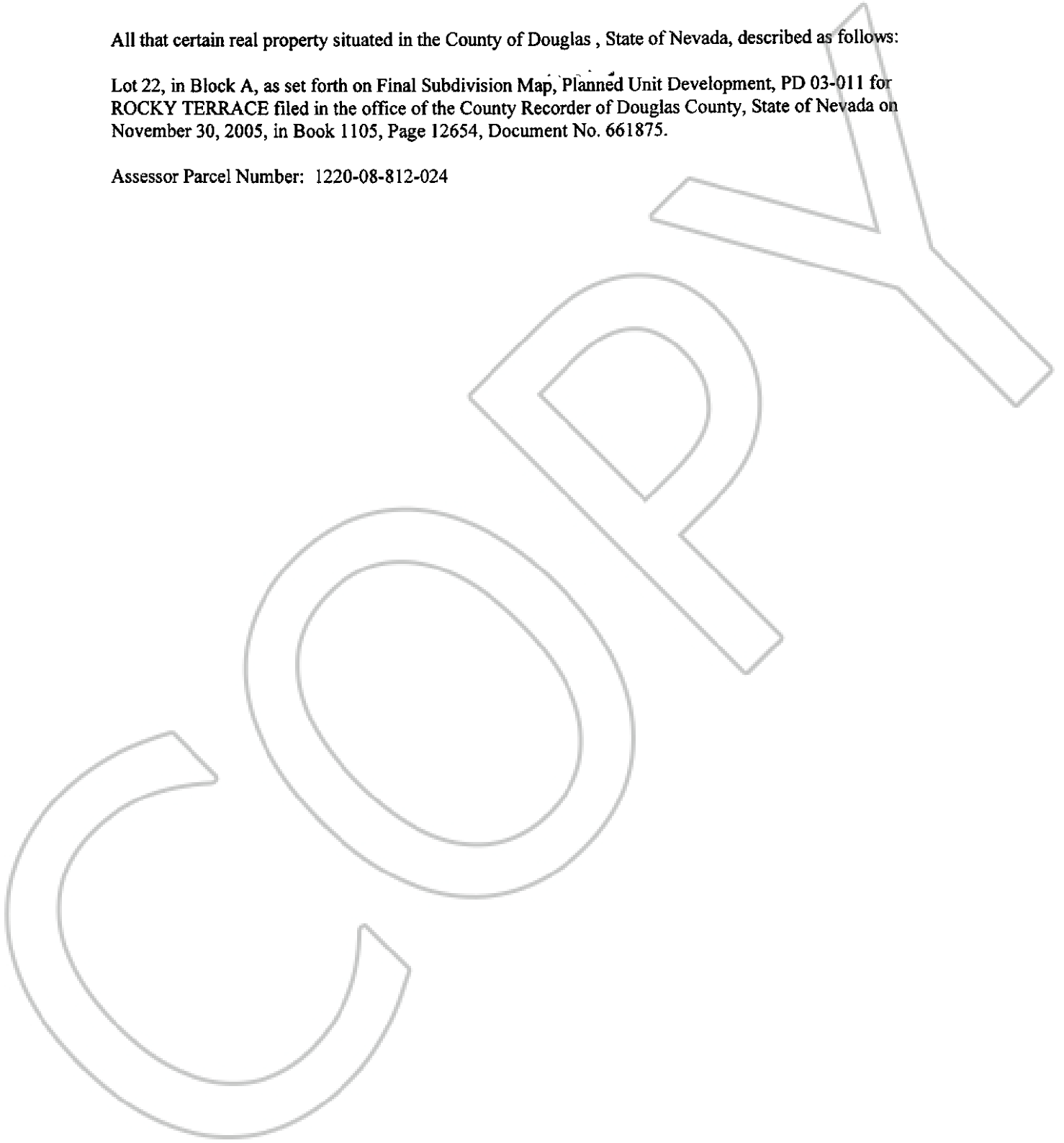


EXHIBIT "A"

All that certain real property situated in the County of Douglas , State of Nevada, described as follows:

Lot 22, in Block A, as set forth on Final Subdivision Map, Planned Unit Development, PD 03-011 for ROCKY TERRACE filed in the office of the County Recorder of Douglas County, State of Nevada on November 30, 2005, in Book 1105, Page 12654, Document No. 661875.

Assessor Parcel Number: 1220-08-812-024



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF AMADOR

JACKSON, CALIFORNIA 95642

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO BRUSHES, WHITEOUTS OR ALTERATIONS.
15-11 (REV 5/08)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) Robert		2 MIDDLE Henderson	
3 LAST (Family) Brown		AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) Budge Henderson Brown	
4 DATE OF BIRTH mm/dd/yyyy 08/30/1932		5 AGE Yrs 78	
6 SEX M		7 DATE OF DEATH mm/dd/yyyy 05/20/2011	
8 BIRTH STATE/FOREIGN COUNTRY CA		9 SOCIAL SECURITY NUMBER 8529	
10 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11 MARITAL STATUS/GROUP (at Time of Death) Widowed	
12 EDUCATION - highest Level/Degree (see worksheet on back) Bachelor's		13 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White	
14/15 WAS DECEDENT HISPANIC/LATINO(AS/SPANISH)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Farmer	
17 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Agriculture		18 YEARS IN OCCUPATION 56	
20 DECEDENT'S RESIDENCE (Street and number, or location) 624 West Fork Vista Lane			
21 CITY Gardnerville		22 COUNTY/PROVINCE Douglas	
23 ZIP CODE 89460		24 YEARS IN COUNTY 20	
25 STATE/FOREIGN COUNTRY NV		26 INFORMANT'S NAME, RELATIONSHIP Michelle Hakeem, Daughter	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. Box 346, Lockeford, CA 95237		28 NAME OF SURVIVING SPOUSE/SPOP—FIRST Laurence	
29 MIDDLE Emer		30 LAST (BIRTH NAME) Brown	
31 NAME OF FATHER/PARENT—FIRST Marie		32 MIDDLE E.	
33 LAST Henderson		34 BIRTH STATE KS	
35 NAME OF MOTHER/PARENT—FIRST		36 MIDDLE	
37 LAST (BIRTH NAME)		38 BIRTH STATE CA	
39 D.S. POSITION DATE mm/dd/yyyy 06/02/2011			
40 PLACE OF FINAL DISPOSITION Tracy Mausoleum 8842 West Schulte Road Tracy, CA 95376			
41 TYPE OF DISPOSITION(S) CR/BU		42 SIGNATURE OF EMBALMER Not Embalmed	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT Daneri Mortuary	
45 LICENSE NUMBER FD 1636		46 SIGNATURE OF LOCAL REGISTRAR <i>Sheldon D. Johnson</i>	
47 DATE mm/dd/yyyy 06/01/2011		101. PLACE OF DEATH Wooded Area	
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104 COUNTY Amador		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 36° 31.112 N - 120° 13.534 W	
106 CITY Pioneer		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 ventilator failure on without showing the etiology. DO NOT ABBREVIATE. Traumatic Injuries to Head, Chest, and Abdomen	
108 DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (M) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 BOPSY PERFORMED? Secs. C2011-042 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input 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			
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 <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115 SIGNATURE AND TITLE OF CERTIFIER <i>Sheldon D. Johnson</i>	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		117 LICENSE NUMBER	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		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 checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy 05/18/2011	
122 HOUR (24 Hours) 1547		123 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) Wooded Area	
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) Pending.			
125 LOCATION OF INJURY (Street and number, or location, and city, and zip) 38° 31.112 N - 120° 13.534 W, Pioneer, CA 95666			
126 SIGNATURE OF CORONER / DEPUTY CORONER <i>Sheldon D. Johnson</i>		127. DATE mm/dd/yyyy 06/01/2011	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER Jarret Benov, Deputy Coroner		129. FAX AUTH.#	
STATE REGISTRAR		CENSUS TRACT	

BK- 0811
PG- 1048
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CERTIFIED COPY OF VITAL RECORDS.
STATE OF CALIFORNIA, COUNTY OF AMADOR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED **06/01/2011**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk-Recorder

Sheldon D. Johnson
Sheldon D. Johnson
COUNTY CLERK-RECORDER

PRNCO (Rev) 07/10

