Recording Requested By:
Go Properties, Inc.
(Without Title Examination)
Eric Wyatt Space
48 Lusscroft Rd.
Sussex, NJ 07461

When Recorded, Mail To: Go Properties, Inc. 48 Lusscroft Rd. Sussex, NJ 07461 DOC # 826461
07/01/2013 11:46AM Deputy: GB
OFFICIAL RECORD
Requested By:
GO Properties
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-713 PG-98 RPTT: 0.00

AFFIDAVIT OF DEATH - CONTINUOUS MARRIAGE

APN/PIN: 42-190-27

BETTY JANE BROWN is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. RICHARD O. BROWN is the person referenced in the attached certified copy of the Certificate of Death who died on March 1, 2013 in at Sacramento, California.
- 2. RICHARD O. BROWN is the same person who was named as a Grantee in that certain Grant, Bargain, Sale Deed dated July 30, 1992, and recorded August 11, 1992 as 285582, of Official Records of Douglas County, Nevada, legally described as follows:

SEE ATTACHED HERETO AS "EXHIBIT "A" AND "EXHIBIT B" AND INCORPORATED HEREIN BY THIS REFERENCE

3. That RICHARD O. BROWN and BETTY JANE BROWN were continuously married to each other from the date that they acquired the above property, up to and including the date of the death of RICHARD O. BROWN.

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Date: 5-2-13AFFIANT(S): Jane Brown BETTY JANE BROWN Signed, Sealed and Delivered in the Presence Of: California STATE OF: lehama COUNTY OF: DAY OF MCW ON THE a Notary Public, personally appeared BETTY JANE BROWN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the persons(s) or the entity upon behalf of which the person(s) acted, executed the instrument. Press Notarial Seal/Stamp Here WITNESS my hand and official seal: (ndeva Signature: Owner ARIANA CORDO A Notary Public in and for said State My Commission Expires: January 29. 2016

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Ехнівіт "А"

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, rerecorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 1 through 50 (inclusive) as shown on said map; and (B) Unit No._ as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of the Ridge Tahoe Phase Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, and as described in the Recitation of Easements Affecting The Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 31, 32 or 33 only, for one week every other numbered years in the Summer "Season" as defined in year in Even accordance with the said Declarations.

A portion of APN: 42-190-27



SACRAMENTO COUN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

7. 7. V. 7.	STATE FILE NUMBER
	1. NAME OF DECEDENT-FIRST (Given) 2. MIDDLE 3. LAST (Family) RICHARD OWEN BROWN
AL DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) 4. DATE OF BIRTH: mm/ydd/copy 5. AGE Vrs. JF UNDER ONE YEAR FUNDER ONE YEAR FU
ERSON	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUMBER 11. EVER IN U.S. ARMED FORCES? 12. MARITAL STATUS GROP (at Time of Duals) 7. DATE OF DEATH marry/do/copy 8. HOUR 24 Hours) CA NO NAME MARRIED 03/01/2013 1949
ENT'S P	13. EDUCAT/WHighest Leve/Degree 14/15. WAS DECEDENT HISPANIC/LATINO(A/SPANISH? 18 yes, see worksheet on back) 16. DECEDENT'S RACE - Up to 8 races may be listed (see worksheet on back)
DECED	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.). 19. YEARS IN OCCUPATION
	FARMER ORCHARDS 50 20 DECEDENTS RESIDENCE (Street and number, or location)
USUAL RESIDENCE	1406 BUTTE STREET 21-017Y 22-00untry/Province 23-229-0005 24-YEARS IN COUNTY 25. STATE/FOREIGN COUNTRY
R. RES	CORNING TEHAMA 96021 49 CA 26. INFORMANT'S NAME. RELATIONSHIP 27. INFORMANT'S MAILING ADDRESS (Sines) and number or rural route number, city or town, state and zip)
INFO	26. INFORMANT'S NAME, RELATIONSHIP BETTY BROWN, WIFE 27. INFORMANT'S MAILING ADDRESS (Sweet and number, or nural-route number, city or town, state and zip) P.O. BOX 128, CORNING, CA 96021 28. NAME OF SURVIVING SPOUSE/SRDP-FIRST. 29. MIDDLE 30. LAST (BIRTH NAME)
P AND	BETTY JANE MURAN
ISE/SRD T INFOR	OWEN ANDREW BROWN MO
SPOUS PARENT	35. NAME OF MOTHER/PARENT-FIRST 36. MIDDLE 37. LAST (BIRTH NAME) 38. BIRTH STATE. EDNA KATHRYN BAKER ND
ECTOR/ STRAR	39: DISPOSITION DATE: mimiddiccryy 03/08/2013 40: PLACE OF FINAL DISPOSITION RESIDENCE OF FAMILY 1406: BUTTE STREET, CORNING, CA. 96021
AL DIRE	41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER 43. LICENSE NUMBER CR/RES ••NOT EMBALMED
FUNER	44: NAME OF FUNERAL ESTABLISHMENT HALL BROS CORNING MORTUARY FD409 OLIVIA KASIRYE, MD 47: DATE mm/dd/ccyy 47: DATE mm/dd/ccyy 47: DATE mm/dd/ccyy 48: DCENSE NUMBER 48: SIGNATURE OF LOCAL REGISTRAR 47: DATE mm/dd/ccyy 48: DCENSE NUMBER 48: SIGNATURE OF LOCAL REGISTRAR 47: DATE mm/dd/ccyy 48: DCENSE NUMBER 48: SIGNATURE OF LOCAL REGISTRAR 47: DATE mm/dd/ccyy 48: DCENSE NUMBER 48: SIGNATURE OF LOCAL REGISTRAR 48: DCENSE
PLACE OF DEATH	101. PLACE OF DEATH 102. IF HOSPITAL, SPECIFY ONE 103. IF OTHER THAN HOSPITAL, SPECIFY ONE SUTTER GENERAL HOSPITAL Decedents Deced
	104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 106. CITY SACRAMENTO 2801 L ST SACRAMENTO
11.67	107. CAUSE OF DEATH: Enter the chair of events — classease, injuries, or complications — that directly caused death, DO NOT enter terminal events such as cardiag arriest, respiratory arriest, or restricting foreign or without showing the closury. DO NOT ABEREVIATE. 108. DEATH REPORTED TO CORONER? Obsidiary 1 INFABRETION (CARDILLA) INFABRET
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CAUSE OF DEATH	on Line A Enter UNDERLYING CAUSE (disease or
CAUSE	initiated the events resulting in death) LAST VES NO
ik	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GUEN IN 107 DIABETES TYPE 1
180	113. WAS CORNARY ARTERY BY PASS GRAFT -/-/1997; ANGIOPISASTY/-/2008
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PHYSICI	(A) mm/dd/coyy (B) mm/dd/cyy 118. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, 2P COOE JAMES ARTHUR WESTCOTT M.D. 01/01/1993 03/01/2013 114 MISSION RANCH BLVD, CHICO, CA 95926
	119. CERTIEY THAT IN MY OPMON CEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. ACCIDENT OF DEATH Natural Accident Homicice Solide Pending Eventingation. determined Events and Description of Court and the Court of the Events of Court and the Court of t
ONEY	123. PLACEOF INJURY (e.g., home, construction site, wooded area, etc.).
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury).
OHONE	125_LOCATION OF INJURY (Street and number, or location, and city, and zip)
	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 1.28. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STA	
REGIS	**************************************
ğ. S	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: March 26, 2013

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





