





File No.: 9904-4351888

**NOTARY INFORMATION**

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Cindy Marie Melton

Address: 1531 Opal Ct. Wellington NV 89444

Daytime Phone Number: 775-266-9494

State: NEVADA

County: DOUGLAS

In the event **First American Title Company**, a(n) **California** Corporation comes across a problem with the Notary section I, CINDY MARIE MELTON (notary public) authorizes **First American Title Company**, a(n) **California** Corporation to make changes to the notary section only.

Cindy Marie Melton  
Notary Public signature

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

**2011010531**  
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 HAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roy A BROWN JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 27, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>3775 Walker View Rd</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>82</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 22, 1928</b>	
5. RACE Native American (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:	
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER <b>0004</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Cal Trans</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3775 Walker View Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy A BROWN SR</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Salley E HOGE</b>		18a. INFORMANT: NAME (Type or Print) <b>DebiLynn SMITH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3775 Walker View Wellington, Nevada 89444</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> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Canyon Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
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>ROBIN LEE TITUS M.D.</b> <i>SIGNATURE AUTHENTICATED</i>			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 06, 2011</b>		21c. HOUR OF DEATH <b>13:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robin Lee Titus M.D. P.O. Box 377 Wellington, NV 89444</b>				23b. LICENSE NUMBER <b>4617</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 11, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) <b>Cardiac / Pulmonary Arrest</b>				Interval between onset and death <b>Minutes</b>	
(b) <b>End Stage Renal Failure</b>				Interval between onset and death <b>One Month</b>	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
PART II - OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN. STATE	

STATE REGISTRAR

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BK 1013  
PG-5426

VRS: Rev. 20110104

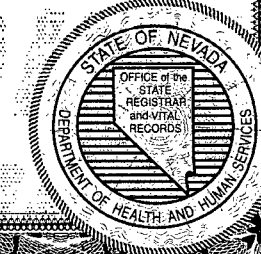
**394315      CERTIFIED COPY OF VITAL RECORDS**

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: **07/11/2011**

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

*Rod Whitt*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE