

16

APN: 1022-10-001-024

when recorded mail to:

Deborah Lynn Smith
3775 Walker View Rd.
Wellington, NV 89444

Doc Number: 0841742

04/29/2014 01:41 PM

OFFICIAL RECORDS

Requested By
DEBORAH SMITH

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0414 Pg: 5693



Deputy: gb

Affidavit - Death of Joint Tenant

Deborah Lynn Smith, of legal age, being fully sworn, deposes and says:

That Roy A. Brown, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Roy A. Brown named as one of the parties in that certain Agreement dated March 23, 2006 executed by Roy A. Brown to Deborah L. Smith as joint tenants, recorded as instrument No. 0670637, on March 23, 2006 in Book 0306, Page 8464 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

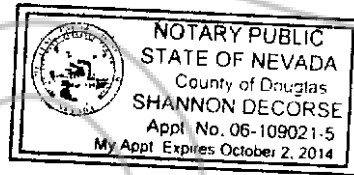
Lot 144, as shown on the map of Topaz Ranch Estates, Unit No. 2, filed in the office of the County Recorder of Douglas County, Nevada.

Affidavit Of Death
(attached)

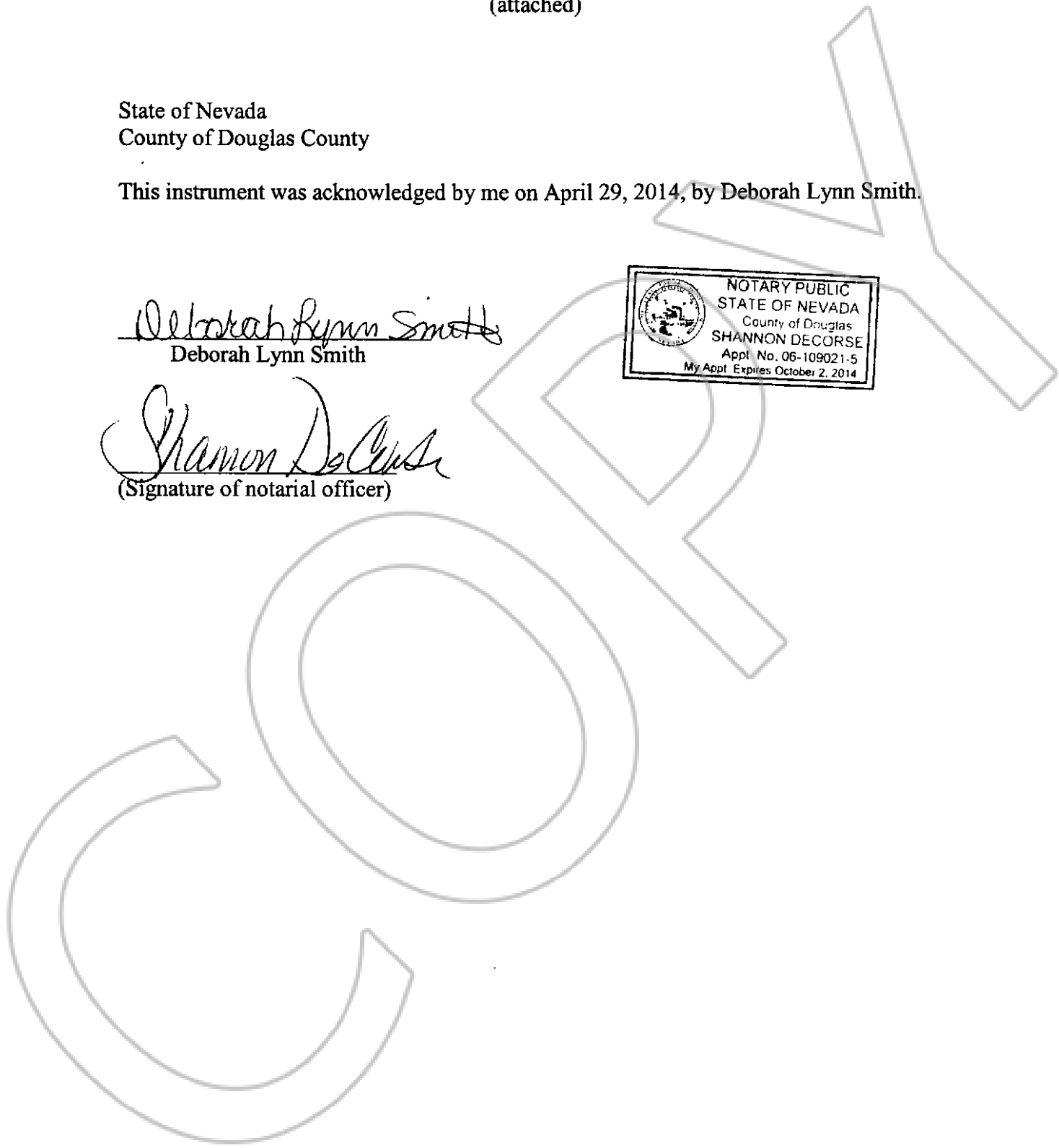
State of Nevada
County of Douglas County

This instrument was acknowledged by me on April 29, 2014, by Deborah Lynn Smith.

Deborah Lynn Smith
Deborah Lynn Smith



Shannon Decorse
(Signature of notarial officer)



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

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

DECEASED

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) Roy A BROWN JR		2. DATE OF DEATH (Mo/Day/Year) June 27, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3775 Walker View Rd		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE Native American (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 22, 1928		9a. STATE OF BIRTH (If not U.S.A. name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 0004		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Cal Trans	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3775 Walker View Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Roy A BROWN SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Salley E HOE		
18a. INFORMANT - NAME (Type or Print) DebiLynn SMITH		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3775 Walker View Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) ROBIN LEE TITUS M.D. SIGNATURE AUTHENTICATED			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) July 06, 2011		21c. HOUR OF DEATH 13:30		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) Robin Lee Titus M.D. P.O. Box 377 Wellington, NV 89444				23b. LICENSE NUMBER 4617	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 11, 2011		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))				Interval between onset and death	
(a) Cardiac / Pulmonary Arrest				Minutes	
(b) End Stage Renal Failure				One Month	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., 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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

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BK 0414
PG 5695
4/29/2014

VRS-Rev-20110104

394317

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

Robin Lee Titus
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

