

APN: 1220-24-302-018



00016487201508645170040040

KAREN ELLISON, RECORDER

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

Signed By:

Wanda J. Brown

Print Name/Title: Wanda J. Brown

WHEN RECORDED MAIL TO:

Wanda J. Brown

690 Pinto Circle

Gardnerville, Nevada 89410

A.P.N. 1220-24-302-018

RECORDING REQUESTED BY
Wanda J. Brown

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Wanda J. Brown
690 Pinto Circle
Gardnerville, Nevada 89410

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

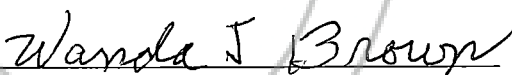
Wanda J. Brown, of legal age, being duly sworn, deposes and says:

That **Loyal L. Brown**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as named as one of the parties in that certain Joint Tenancy Deed dated November 8, 1977, executed by **Anna Rauscher, Trustee for the Annette K. Greimeister, a minor and Sonja J. Greimeister, a minor**, recorded as Instrument No. 15002, on November 14, 1977, in Book 1177, Page 879, of Official Records of Douglas County, Nevada, covering the following described property situated in the **County of Douglas**, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:
A portion of the Northwest 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

COMMENING at the West 1/4 corner of Section 24, Township 12 North, Range 20 East, M.D.B.&M.; thence South 660 feet; thence East 1295 feet; thence North 141.43 feet to the True POINT of Beginning; thence West 305 feet; thence North 141.43 feet; thence East 305 feet; thence South 141.43 feet to the True Point of Beginning.

Dated: June 17, 2017

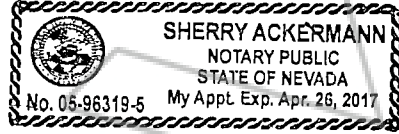

Wanda J. Brown

STATE OF NEVADA)

COUNTY OF DOUGLAS)

On June 17, 2015 personally appeared before me, a Notary Public, Wanda J. Brown who acknowledged that She executed the above instrument.

Signature *Wanda J. Brown*
(Notary Public)



CORPORATION

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OF PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED NAME: First <u>Loyal</u> Middle <u>L.</u> Last <u>BROWN</u>		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
	1	2		3	4	5
	<u>684</u>	<u>February 7, 1994</u>		<u>Douglas</u>		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer, Im. Inpatient (Specify)	SEX	
	3b	3c		3e	3d	
	<u>Gardnerville</u>	<u>684 Pinto Circle</u>			<u>Male</u>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American-Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR—MOS—DAYS	UNDER 1 DAY—HOURS—MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5	6	7a	7b	7c	8
	<u>White</u>		<u>60</u>			<u>January 9, 1934</u>
L	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
	9a	9b	10	11	12	
	<u>California</u>	<u>USA</u>	<u>12</u>	<u>Married</u>	<u>Wanda J. Young</u>	
PARENTS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
	13	14a	14b			
	<u>5059</u>	<u>Meat Cutter</u>	<u>Butcher</u>			
DISPOSITION	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a	15b	15c	15d	15e	
	<u>Nevada</u>	<u>Douglas</u>	<u>Gardnerville</u>	<u>684 Pinto Circle</u>	<u>No</u>	
CERTIFIER	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		
	16	17		18a		
	<u>Jerry Owen Brown</u>	<u>Lillian Johnson</u>		<u>Wanda Brown - Wife</u>		
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		BURIAL, CREMATION, REMOVAL, OTHER (Specify)			
	18b		19a			
	<u>684 Pinto Circle, Gardnerville, Nevada 89410</u>		<u>Cremation</u>			
CAUSE OF DEATH	CEMETERY OR CREMATORY—NAME		LOCATION—City or Town—State		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	
	19b		19c		20a	
	<u>FitzHenry's Crematory</u>		<u>Carson City, Nevada</u>		<u>Joseph W. Heflin, Jr.</u>	
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20b		20c			
	<u>#36</u>		<u>FitzHenry's Funeral Home & Crematory</u>			
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.			
	21b		22b			
	<u>Feb. 9, 1994</u>		<u>2345</u>			
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21b		21c		22b	
	<u>Feb. 9, 1994</u>		<u>2345</u>		<u>ON</u>	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d: ON		22e: AT	
	21d		22d		22e	
	<u>Joseph W. Heflin, Jr. 1107 Hwy. 395, Gardnerville, Nevada 89410</u>					
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		REGISTRAR	
	23a		23b		24a	
	<u>Joseph W. Heflin, Jr. 1107 Hwy. 395, Gardnerville, Nevada 89410</u>		<u>5873</u>		<u>Vera R. Kashong Deputy</u>	
CAUSE OF DEATH	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	24b		24c		25	
	<u>Feb. 11, 1994</u>		<u>NO</u>		<u>Lung cancer</u>	
CAUSE OF DEATH	PART I (a) DUE TO, OR AS A CONSEQUENCE OF		PART II (b) DUE TO, OR AS A CONSEQUENCE OF		PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
	25a		25b		25c	
	<u>Lung cancer</u>				<u>NO</u>	
CAUSE OF DEATH	AGC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a		28b	28c	28d	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN—STATE
	28e		28f	28g	28h	

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: FEB 11 1994

By: Joanne Syla
Deputy Registrar

No. 060259

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

