

A.P.N.: 1219-10-001-034
 File No: 141-2492500 (NMP)

When Recorded return to, and mail Tax Statements to:
 Jo Etta Brown
 1752 Lantana
 Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Jo Etta Brown, of legal age, being first duly sworn, deposes and says:

That **James Joseph Brown**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James Joseph Brown** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **November 29, 2000** executed by **Charles H. Paya, IV to Jo Etta Brown and James Joseph Brown** as joint tenants, recorded as Document No. **0508150** on **February 5, 2001** in Book **0201 Page 0587** of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada :

LOT 17, AS SHOWN ON THE OFFICIAL PLAT OF CARY CREEK ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 25, 1977, AS DOCUMENT NO. 09494.

Jo Etta Brown 10-19-2015

 Jo Etta Brown Date

STATE OF **NEVADA**)
) :ss.
 COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
 19th day of October, 2015

By: ~~James Joseph Brown and Jo Etta Brown, husband and wife as joint tenants~~

By: *[Signature]* / Its: _____

Notary Public
 (My commission expires: 3/16/18)


 NICOLE PETERSON
 Notary Public - State of Nevada
 Appointment Recorded in Douglas County
 No: 97-4131-6 - Expires March 19, 2018

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 VITAL STATISTICS

CERTIFICATE OF DEATH

2014009335

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME - (FIRST, MIDDLE, LAST, SUFFIX) James J BROWN			2. DATE OF DEATH (Mo/Day/Year) June 07, 2014		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 225 Autumn Hills Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
DECEDENT	5. RACE - Black (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 19, 1938		4. SEX Male			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Mississippi		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE (if wife, give maiden name) JoEtta BRITTON		13. SOCIAL SECURITY NUMBER ████████-2320		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Retail Grocery Mgr.		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 225 Autumn Hills Rd.	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) James BROWN		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Auretha MITCHELL			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) JoEtta BROWN			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 225 Autumn Hills Rd., Gardnerville, Nevada 89410				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION - City or Town - State Gardnerville Nevada 89410			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BASIL EMMANUEL CHRYSOS 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) June 12, 2014		21c. HOUR OF DEATH 16:40		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	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) Basil Emmanuel Chryssos M.D. 75 Pringle Way #401 Reno, NV, 89502						23b. LICENSE NUMBER 6678	
REGISTRAR	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2014		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))							
CAUSE OF DEATH	PART I: (a) Cardiopulmonary Arrest			Interval between onset and death				
	(b) DUE TO, OR AS A CONSEQUENCE OF: Non Ischemic Cardiomyopathy			Interval between onset and death				
	(c) DUE TO, OR AS A CONSEQUENCE OF: Atrial Fibrillation, Atrial Flutter			Interval between onset and death				
	(d) DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology			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) Yes	
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. CITY OR TOWN STATE		

STATE REGISTRAR

532700

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:

06/16/2014

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

R. J. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

