

APN # 1022-11-002-054
RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

Patricia A. Bryant
4145 Red Canyon Ave.
Wellington, NV 89444



KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:
Patricia A. Bryant
4145 Red Canyon Ave.
Wellington, NV 89444

AFFIDAVIT OF SURVIVING JOINT TENANT

PATRICIA A. BRYANT, of legal age, being first duly sworn, deposes and says:

That, DAVID A. BRYANT SR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID A. BRYANT SR, and is named as one of the parties in that certain Grant, Bargain and Sale Deed dated February 2, 2008, executed by JAMES H. HILTON and LINDA K. HILTON, husband and wife as joint tenants with right of survivorship, to DAVID A. BRYANT SR. and PATRICIA A. BRYANT, husband and wife as joint tenants, recorded on February 22, 2008, as Document No. 718446, of Official Records of the County of Douglas, State of Nevada, covering the following described real property situated in County of Douglas, State of Nevada:

Lot 17, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 1 filed in the Office of the County Recorder of Douglas County Nevada, on December 4, 1963, as Document No. 23962.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

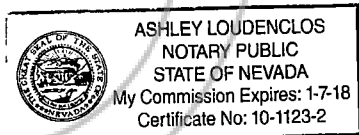
Dated: March 3, 2016

Patricia A. Bryant

PATRICIA A. BRYANT

STATE OF NEVADA)
)
) SS.
COUNTY OF WASHOE)

On March 3, 2016, before me, the undersigned, a Notary Public in and for said County and State, personally appeared PATRICIA A. BRYANT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.
WITNESS my hand and seal.



Ashley Loudenclos

Ashley Loudenclos, Notary Public
Washoe County, Nevada
My Commission Expires 01/07/2018

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015018574
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David A BRYANT SR			2. DATE OF DEATH (Mo/Day/Year) October 19, 2015		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 Inpatient)(Specify) 4145 Red Canyon Ave Home			4. SEX Male		
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) December 11, 1942		9a. STATE OF BIRTH (If not U.S.A., Montana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Patricia A JOHNSON		13. SOCIAL SECURITY NUMBER 1076	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician		14b. KIND OF BUSINESS OR INDUSTRY Transportation		15. INSIDE CITY LIMITS (Specify Yes or No) No		15a. RESIDENCE - STATE Nevada	
15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 4145 Red Canyon Ave		16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer A BRYANT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna A REID		18a. INFORMANT - NAME (Type or Print) Patricia A BRYANT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4145 Red Canyon Ave, 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 NUMBER 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) GEOFFREY MARSHALL SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) October 22, 2015	
21c. HOUR OF DEATH 14:27		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) GEOFFREY MARSHALL SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) October 22, 2015	
22c. HOUR OF DEATH 14:27		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 19, 2015		22e. PRONOUNCED DEAD AT (Hour) 14:27		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) GEOFFREY MARSHALL 1038 Buckeye Road Minden, NV 89423	
23b. LICENSE NUMBER 430		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 2015		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).) PART I (a) Arteriosclerotic And Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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

3859120



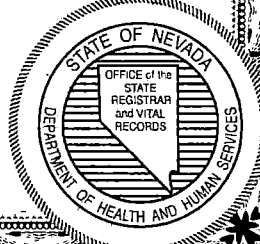
602052 CERTIFIED COPY OF VITAL RECORDS

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: 11/5/2015

Red White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a