

APN# : 1420-34-610-021

Recording Requested By:

Western Title Company

When Recorded Mail To:

Erin M. Farrell

12450 Peseo Cerro

Saratoga, CA 95070

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Wendy Dunbar

Escrow Officer

*This document is executed in counterpart and is to be deemed one document

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Andrew Alves and Erin M. Farrell, of legal age, being first duly sworn, deposes and says:

1. Jonathan Gary Brown and Nancy Louise Brown, the decedents mentioned in the attached certified copy of Certificate of Death, is the same person as J. Gary Brown and Nancy L. Brown named as Trustees in the Declaration of Trust dated 9/12/2007 and executed by J. Gary Brown and Nancy L. Brown as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2760 Squires Street Minden, NV 89423, which property is described in a Deed which was executed by Jonathan G. Brown and Nancy L. Brown, husband and wife as joint tenants as Grantor(s) on February 19, 2009 and recorded as Instrument No. 0738916, in Book 0309, Page 554, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.
3. The legal description of said property is as follows:
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 34 in Block 1, as set forth on the Final Subdivision Map LDA 01-069 for BRAMWELL HOMESTEAD, filed for record in the office of the Douglas County Recorder on August 12, 2002, in Book 802 of Official Records, at Page 3324, as Document No. 549307.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 3.3.2018

counterpart

Andrew Alves

Erin M. Farrell

Erin M. Farrell,

STATE OF California

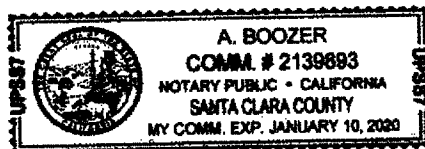
ISS

COUNTY OF Santa Clara

This instrument was acknowledged before me on 3/3/18
By Erin M. Farrell

A. Boozier

Notary Public



AFFIDAVIT – DEATH OF TRUSTEE

Andrew Alves and Erin M. Farrell, of legal age, being first duly sworn, deposes and says:

1. Jonathan Gary Brown and Nancy Louise Brown, the decedents mentioned in the attached certified copy of Certificate of Death, is the same person as J. Gary Brown and Nancy L. Brown named as Trustees in the Declaration of Trust dated 9/12/2007 and executed by J. Gary Brown and Nancy L. Brown as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2760 Squires Street Minden, NV 89423, which property is described in a Deed which was executed by Jonathan G. Brown and Nancy L. Brown, husband and wife as joint tenants as Grantor(s) on February 19, 2009 and recorded as Instrument No. 0738916, in Book 0309, Page 554, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
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Lot 34 in Block 1, as set forth on the Final Subdivision Map LDA 01-069 for BRAMWELL HOMESTEAD, filed for record in the office of the Douglas County Recorder on August 12, 2002, in Book 802 of Official Records, at Page 3324, as Document No. 549307.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated March 2/10

Andrew Alves
Andrew Alves
Erin M. Farrell
Counterpart

STATE OF _____ ;SS

COUNTY OF _____

This instrument was acknowledged before me on _____

By _____

**SEE ATTACHED
CALIFORNIA
COMPLIANT FORM**

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On March 02, 2018 before me, Mina V Garrey, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Andrew Alves
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s); or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: n/a Number of Pages: 2

Signer(s) Other Than Named Above: Eren M. Farrell

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3936115

CERTIFICATE OF DEATH

2017001158
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jonathan Gary BROWN			2. DATE OF DEATH (Mo/Day/Year) January 16, 2017		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 2760 Squire Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1940					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) District Of Columbia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy ROWLAND		13. SOCIAL SECURITY NUMBER 5516		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Stock Broker		14b. KIND OF BUSINESS OR INDUSTRY Financial	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2760 Squire Street	
	15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Samuel Jack BROWN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zelda Marian RODBORD			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Nancy Rowland BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2760 Squires St. Minden, Nevada 89423					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
	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) STEVEN L. PHILLIPS 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) January 24, 2017		21c. HOUR OF DEATH 15:55		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) Steven L. Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502							
REGISTRAR	24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 24, 2017		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) Respiratory Arrest		Interval between onset and death Minutes			
			(b) Chronic Respiratory Failure		Interval between onset and death Months			
			(c) Chronic Lung Disease		Interval between onset and death Years			
			(d) Pulmonary Hypertension		Interval between onset and death Years			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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

000657841



CERTIFIED COPY OF VITAL RECORDS

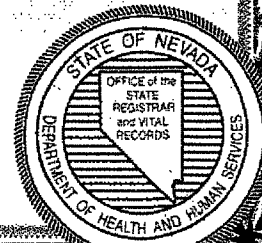
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **1/30/2017**

Cody D. Hines
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3996586

CERTIFICATE OF DEATH

2018000125
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Nancy Louise BROWN		2. DATE OF DEATH (Mo/Day/Year) January 02, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and inpatient)(Specify) Evergreen at CC Health and Rehab Ctr Nursing Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. HOURS HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 22, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 9536		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Hotel	
	14c. HUMAN Resources		14d. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada	
DISPOSITION	15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2760 Squires Street	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		18. FATHER/PARENT - NAME (First Middle Last Suffix) Wally ROWLAND		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Yolanda CHARLANTINI	
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Erin FARRELL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 12450 Paseo Cerro Saratoga, California 95070			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	20d. SIGNATURE AUTHENTICATED					
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. (Signature & Title) REED DOFF MD		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) January 08, 2018		21c. HOUR OF DEATH 13:00		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Reed Doff MD 907 Mountain Street Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2018	
	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).) Terminal Complications Of Malignant, Metastatic Bladder Carcinoma			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Terminal Complications Of Malignant, Metastatic Bladder Carcinoma		Interval between onset and death Years		26. AUTOPSY (Specify Yes or No) No	
	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(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. Atherosclerotic Cardiovascular Disease, Diabetes						
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

000703051



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: 1/11/2018

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

