

Assessor's Parcel Number: 14-20-07-310-014)
RECORDING REQUESTED)
AND RETURN TO:)
Mary L. Brown)
3488 Carnelian Way)
Carson City, NV 89705)
MAIL TAX STATEMENTS TO:)
Mary L. Brown)
3488 Carnelian Way)
Carson City, NV 89705)



KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF JOINT TENANT

MARY L. BROWN, being duly sworn, deposes and says that she was the wife of Charles E. Brown, in the attached certified copy of the Certificate of Death; that the Decedent is the same person as Charles E. Brown, named as one of the parties in that certain Joint Tenancy Deed dated June 19, 1980, executed by Mary L. Brown, to Charles E. Brown and Mary L. Brown, husband and wife, as joint tenants with right of survivorship, recorded as Document No. 45481 in the Official Records of Douglas County, Nevada, on June 20, 1980; and that she is the party named Mary L. Brown in the certain Quitclaim Deed dated June 19, 1980, and recorded on June 20, 1980, as Document No. 45481 in the Official Records of Douglas County, Nevada.

The property subject to the above listed deed is more particularly described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot Six (6) Block "F", as shown on the Map of Vista Grande Subdivision, Unit No. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964, as File No. 26518.

Subject to Covenants, conditions and restrictions in the Declaration of Restrictions executed by Bighorn Investments, Inc., recorded November 9, 1964, in Book 27, Page 645, as File No. 26519, Official Records.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

As recited in the attached Certificate, Charles E. Brown died on 2-24-14 in Douglas County.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014003059

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) Charles Edward BROWN		2. DATE OF DEATH (Mo/Day/Year) February 24, 2014		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 number) 3488 Carnelian Way		3e. If Hosp or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) November 04, 1930	
9a. STATE OF BIRTH (if not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Mary ROBISHAW		13. SOCIAL SECURITY NUMBER 2181	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hard Count		14b. KIND OF BUSINESS OR INDUSTRY Casino/gaming		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3488 Carnelian Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William T BROWN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maude A WILSON		18a. INFORMANT - NAME (Type or Print) Debby DODDS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3484 Carnelian Way Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
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 Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) NITA SCHWARTZ 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) February 28, 2014		21c. HOUR OF DEATH 13:52		22b. DATE SIGNED (Mo/Day/Yr)	
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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 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)) PART I (a) Malignant Melanoma, Metastatic 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	
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

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:

02/28/2014

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

RVS-Rev-20120523a

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