

APN: 1420-28-510-052

**Recording Requested by and
Mail Tax Statements to:**

LaJean R. Brown
2985 Vicky Ln.
Minden, NV 89423

Affidavit of Surviving Trustee
Title of Document
(Required Field)

FILL IN ALL THAT APPLY:

The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law*:

440.380 (1)(A)
Specify Law*

LaJean R Brown
Signature

40.525 (5)
Specify Law*

LaJean R Brown ST
Print Name Title

*If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record:

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee Applies)

If legal description is in metes & bounds, indicate where it was obtained:

_____ (Document Title), Book _____ Page _____ or

Document # _____ recorded _____ (date) in the

_____ County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

*Personal information" means a natural person's first name or first initial and last name in combination with any one or more of the following data elements:

1. Social security number.
2. Driver's license number or identification card number.
3. Account number, credit card number or debit card number, in combination with any required security code, access code or password .

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Surviving Trustee's Affidavit

I, **LaJean R. Brown**, being first duly sworn, depose and say that:

1. By instrument dated April 14, 2011, Document No. 781568, Thomas J. Brown and LaJean R. Brown, Trustees of the Brown Family Trust, dated April 14, 2011.
2. Said trust appointed myself and Thomas J. Brown to serve as Co-Trustees.
3. **Thomas J. Brown** died on January 25, 2013, in Douglas County, Nevada. A resident of Douglas County, Nevada pursuant to the attached certified copy of the Certificate of Death.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property is part of the Trust Estate, situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 10, Block B, as set forth on the Official plat of MISSION HOT SPRINGS, UNIT NO. 1, filed in the Office of the Recorder of Douglas County, Nevada, on July 1, 1987, Book 787, Page 001, Document No. 157492, and Certificate of Amendment recorded October 19, 1990, Book 1090, Page 2956, Document No. 237003.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to LaJean R. Brown, as Surviving Trustee.

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That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

DATED: June 28, 2018

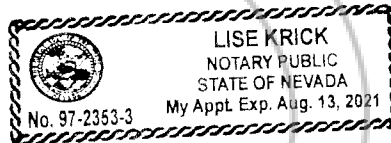
LaJean R. Brown

LaJean R. Brown, Surviving Trustee of
the Brown Family Trust, dated April
14, 2011

STATE OF NEVADA)
Carson City)

This instrument was acknowledged before me on this 28 day of June
20 18, by LAJEAN BROWN

[Signature]
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013001321

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST SUFFIX) Thomas James BROWN		2. DATE OF DEATH (Mo/Day/Year) January 25, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2985 Vicky Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) California		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) LaJean STROMBERG			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3688		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Instructor		14b. KIND OF BUSINESS OR INDUSTRY Laborers & Construction Union	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2985 Vicky Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer LeRoy BROWN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Luella POST		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) LaJean BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2985 Vicky Lane Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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) January 30, 2013		21c. HOUR OF DEATH 02:15		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
	PART I		Interval between onset and death			
CAUSE OF DEATH	(a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Coronary Atherosclerosis		Interval between onset and death			
CAUSE OF DEATH	(c) Coronary Atherosclerosis		Interval between onset and death			
	(d) Coronary Atherosclerosis		Interval between onset and death			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus, Cerebrovascular Disease		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	
CAUSE OF DEATH	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		28h. 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:

02/14/2013

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

