

APN# 1220-17-101-016



00083273201809227840050057

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Brenda J. Downs

Address: 2820 Romero Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Brenda J. Downs

Address: 2820 Romero Dr.

City/State/Zip: Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Brenda J. Downs

Signature

Brenda J. Downs

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:

Brenda J. Downs

And when recorded, mail to:

Brenda J. Downs
2820 Romero Dr.
Minden, NV 89423

APN: 1220-17-101-016

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada

)

) ss.

County of Douglas

)

Brenda J. Downs, of legal age, being first duly sworn, deposes and says:

- Wayne Emerson Brown and Martha Ruth Brown, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as Wayne E. Brown and Martha R. Brown named as Trustees in the Declaration of Trust executed by Wayne E. Brown and Martha R. Brown as Settlers and Trustees.
- At the time of the decedents' deaths, decedents were the record owner, as Trustees, of certain real property described in a Deed which was executed by Wayne E. Brown and Martha R. Brown, husband and wife as joint tenants with right of survivorship, as Grantor(s) on October 30, 1995, and recorded in Book 1195, Page 2409, of Official Records of Douglas County, Nevada.
- The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.
- I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 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 11-16-18

Brenda J. Downs
Brenda J. Downs, Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 16 day of November, 2018, by Brenda J. Downs proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public

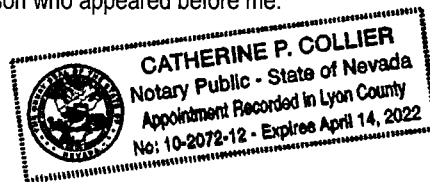


EXHIBIT "A"

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

That portion of Northeast quarter of the Northwest quarter of Section 17, Township 12 North, Range 20 East, Mount Diablo Base and Meridian, particularly described as follows:

COMMENCING at the Northeast corner of said Section 17; thence South 89°40'46" West a distance of 2638.34 feet to a point on the South right of way line of Centerville Lane (County Road); thence South 89°36'30" West along said South right of way line a distance of 301.64 feet; thence leaving said right of way line South 00°23'30" East along the West boundary of a roadway and utility easement a distance of 617.83 feet to the TRUE POINT OF BEGINNING; thence South 89°36'30" West a distance of 300.00 feet; thence South 00°04'07" East a distance of 438.00 feet; thence North 89°36'30" East a distance of 300.00 feet to a point in the West boundary of a roadway and utility easement; thence North 00°04'07" West along the West boundary of said easement a distance of 438.00 feet to the TRUE POINT OF BEGINNING.

EXCEPTING FROM SAID PARCEL an undivided one-half interest in and to all oil, gas, petroleum, naphtha other hydro-carbon substances and minerals whatsoever kind and nature in, upon, or beneath the property herein above described together with right of entry and incidental rights as reserved in the Deed from the Federal Land Bank of Berkeley to William J. Hellwinkel, et al recorded April 4, 1941, in Book W of Deeds at Page 37.

TOGETHER WITH an easement 60.0 feet in width lying East of, parallel with and extending from the Southeast corner of the hereinabove described premises North 00°23'30" West a distance of 617.83 feet to a point on the South line of Centerville Lane.

A.P.N. 1220-17-101-016

Legal description from document # 374856

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3871289

CERTIFICATE OF DEATH

2015022682
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Martha Ruth BROWN		2 DATE OF DEATH (Mo/Day/Year) December 28, 2015		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) Carson Tahoe Regional Medical Center Intensive Care Unit (ICU)		4 SEX Female		
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 79		
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) September 08, 1936		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA. name country) Florida		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14		
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Wayne E BROWN				
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]-6924		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Bookkeeper		14b KIND OF BUSINESS OR INDUSTRY Glass		
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville		
POSITION	15d STREET AND NUMBER 984 Marianne Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No		
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Dwight BENNETT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Alice PENNINGTON			
TRADE CALL	18a INFORMANT - NAME (Type or Print) Wayne E BROWN			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) PO Box 1705 Gardnerville, Nevada 89410			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Fredericksburg Cemetery		19c. LOCATION City or Town State Alpine County California 96120		
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
	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) SIGNATURE AUTHENTICATED KAMERON FERDOWSALI 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 04, 2016		21c HOUR OF DEATH 17:55		22b DATE SIGNED (Mo/Day/Yr)		
CAUSE 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) Kameron Ferdowsali MD 1600 Medical Parkway Carson City, NV 89703			23b LICENSE NUMBER 12745			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a REGISTRAR (Signature) VERALYNN A BOYACK		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 04, 2016		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				
	DUE TO, OR AS A CONSEQUENCE OF (b) Acute On Chronic Respiratory Failure		Interval between onset and death				
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF (c) Acute Renal Failure		Interval between onset and death				
	DUE TO, OR AS A CONSEQUENCE OF (d) Chronic Obstructive Pulmonary Disease		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 Severe Obstructive Sleep Apnea, Diabetes Mellitus Type II, Pneumonia, Unknown Etiology					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.

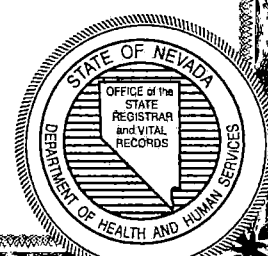
DATE ISSUED: **OCT 23 2018**

Julie Katcheva
STATE REGISTRAR

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4036718

CERTIFICATE OF DEATH

2018016342
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) Wayne Emerson BROWN		2 DATE OF DEATH (Mo/Day/Year) August 21, 2018		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 Inpatient)(Specify) 984 Marianne Way Home		4 SEX Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 83	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS		8 DATE OF BIRTH (Mo/Day/Yr) August 04, 1935	
9a STATE OF BIRTH (If not US/CA, name country) Tennessee		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)			
13 SOCIAL SECURITY NUMBER [REDACTED]-1773		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY Glass	
14c Ever in US Armed Forces? Yes		15a RESIDENCE - STATE Nevada		15b COUNTY Douglas	
15c CITY, TOWN OR LOCATION Gardnerville		15d STREET AND NUMBER 984 Marianne Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) William U BROWN			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude Lena YOW		
18a INFORMANT - NAME (Type or Print) Brenda DOWNS		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 2820 Romero Dr Minden, Nevada 89423			
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) CRAIG R COLEMAN		20b FUNERAL DIRECTOR LICENSE NUMBER FD921		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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 MD					
21b DATE SIGNED (Mo/Day/Yr) August 24, 2018		21c HOUR OF DEATH 07:30			
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)			
22b DATE SIGNED (Mo/Day/Yr)		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 MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature) MELISSA KNIGHT		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 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)) PART I (a) Renal Cell Carcinoma With Metastasis				Interval between onset and death	
(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 1				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

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DATE ISSUED: **8/30/2018**

Julie Katchear
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

