

APN# 1022-11-002-050

Recording Requested by:

Name: Lifeline Estate Services, Inc

Address: 3708 Lakeside Drive #202

City/State/Zip: Reno/NV/89509

When Recorded Mail to:

Name: Loretta J. Brawley

Address: 4170 Red Canyon Ave.

City/State/Zip: Wellington/NV/89444

Mail Tax Statement to:

Name: Loretta J. Brawley

Address: 4170 Red Canyon Ave.

City/State/Zip: Wellington/NV/89444

(for Recorder's use only)

Affidavit Regarding Death of Initial
Co-Trustees and assumption of
trusteeship by Surviving trustee
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380
(State specific law)

Susu Mendoza
Signature

office assistant
Title

Susie Mendoza
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4049504

CERTIFICATE OF DEATH

2018021251
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) James Eldon BRAWLEY		2. DATE OF DEATH (Mo/Day/Year) November 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 or Impatient)(Specify) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 08, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-3073		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4170 Red Canyon Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. EVER IN US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James J BRAWLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Susie STACY		
18a. INFORMANT- NAME (Type or Print) Danielle BRAWLEY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1221 East Mariposa Avenue El Segundo, California 90245		
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) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) STEPHEN T HEWITT DO			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) November 08, 2018		21c. HOUR OF DEATH 14:00		22b. DATE SIGNED (Mo/Day/Yr)	
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) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1107	
24a. REGISTRAR (Signature) FRED QUIHUIS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 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))					
PART I					
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Atrial Fibrillation					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Anemia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Hypothyroidism					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Severe Aortic Stenosis, Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HCM, 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

VRS-Rev-20120523a



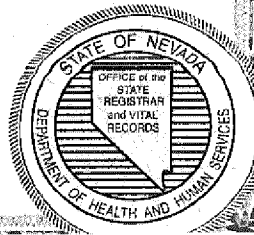
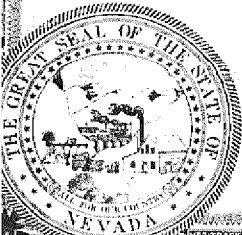
CERTIFIED COPY OF VITAL RECORDS

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: **NOV 19 2018**

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

Julie Katchear
STATE REGISTRAR



APN # 1022-11-002-050

RECORDING REQUESTED

AND RETURN TO:

Lifeline Estate Services, Inc.

3708 Lakeside Dr. STE 202

Reno, NV 89509

MAILTAX STATEMENTS TO:

Loretta J. Brawley, Trustee

4170 Red Canyon Avenue

Wellington, NV 89444

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE

The following described real estate in Douglas County, State of Nevada:

Lot 5, Unit 1, as shown on the Map of Topaz Ranch Estates, Douglas County, Nevada, filed in the office of the County Recorder, Douglas County, Nevada on December 4, 1963, under file No. 23962.

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

The undersigned, LORETTA J. BRAWLEY, hereby declares that, JAMES E. BRAWLEY, died on November 2, 2018, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as JAMES E. BRAWLEY, named as one of the initial Trustee in that certain Declaration of Trust titled the JAMES E. BRAWLEY LIVING TRUST DATED FEBRUARY 9, 1999.

Declarant further declares that he is the Successor Trustee named in the Declaration of trust and that he hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 27 th day of Nov, 2018, in the City of Reno, County of Washoe, State of Nevada.

VERIFICATION

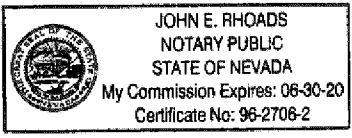
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Loretta J. Brawley


LORETTA J. BRAWLEY, Successor Trustee of the JAMES E. BRAWLEY LIVING TRUST DATED FEBRUARY 9, 1999

STATE OF NEVADA
COUNTY OF WASHOE


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) SS:
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Personally came before me this 27th day of November, 2018, the above named LORETTA J. BRAWLEY, to me known to be the people who executed the foregoing instrument and acknowledged the same.



John E. Rhoads, Notary Public
Washoe County, Nevada
My Commission 06/30/2020

 JOHN E. RHOADS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-30-20
Certificate No: 96-2706-2

COPY