

APN# : 1220-23-000-014

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Lindsay M. Schinzing

1341 Dresslerville Road

Gardnerville, NV 89460

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 \_\_\_\_\_

**Traci Adams**

**Escrow Officer**

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Lindsay M. Schinzing, aka Lindsay Margaret Brown, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Albert Arthur Brown, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Albert Arthur Brown named as Trustee in the Declaration of Trust dated 7/12/1991 and executed by Brown Family Trust 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 659 Stones Throw Rd Gardnerville, NV 89410, which property is described in a Deed which was executed by Todd R. Whear and Lisa M. Whear, husband and wife as community property as Grantor(s) on April 19, 2012 and recorded as Instrument No. 800974, in Book 412, Page 4814, 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:

All that certain real property situate, lying and being a portion of the Northeast 1/4 of the Southeast 1/4 of Section 23, Township 23, and the Northwest 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel 1-C as shown on that certain record of survey for SMS ENTERPRISES recorded February 23, 1982, in Book 282, of Official Records at Page 1257, Douglas County, Nevada, as Document No. 65166, being a division of Parcel 1-C, as shown on that Parcel Map for SMS ENTERPRISES, recorded January 10, 1978, in Book 178, of Official records at Page 560, Douglas County, Nevada, said map being a redivision of Parcel 1 as shown on that record of survey for SMS ENTERPRISES, recorded April 19, 1973, in Book 473, of official Records at Page 157, Douglas County, Nevada.

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.

Date 1/3/19

The Brown Family Trust dated July 12, 1991

Lindsay M Schinzing  
Lindsay M. Schinzing, aka Lindsay Margaret Brown, Successor Trustee,

STATE OF NEVADA )  
COUNTY OF Douglas )SS

This instrument was acknowledged before me on  
January 3, 2019  
By Lindsay M. Schinzing.

[Signature]  
Notary Public

 **TRACI ADAMS**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 89-1891-5 - Expires January 5, 2019

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

2010002173  
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

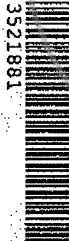
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert A BROWN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 03, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Incline Village</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>395 Second Tee Drive</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 07, 1927</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Wendy MILLER</b>	
13. SOCIAL SECURITY NUMBER <b>3898</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Sales</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Import</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Incline Village</b>	
15d. STREET AND NUMBER <b>395 Second Tee Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Lewis BROWN</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Lillian RADER</b>		18a. INFORMANT- NAME (Type or Print) <b>Wendy BROWN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>395 Second Tee Drive Incline Village, Nevada 89451</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Affinity Burial and Cremation</b> <b>253 E Arroyo St Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED JOHANNA SHOOP KOCH M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 03, 2010</b>		21c. HOUR OF DEATH <b>12:30</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Johanna Shoop Koch M.D. 889 Alder Ave. #203 Incline Village, NV 89451</b>		23b. LICENSE NUMBER <b>5548</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 18, 2010</b>		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				Interval between onset and death	
(a) <b>Respiratory failure</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Shy-drager disease</b>				<b>15 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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



000003641

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.

02/18/2010

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

*Mary J. Anderson*

DATE ISSUED:  
PWS/CO (Rev.) 12/99

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

VRS-Rev-20080602

