

DOUGLAS COUNTY, NV

2019-924881

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\$35.00

Pgs=4

01/23/2019 08:52 AM

ETRCO

KAREN ELLISON, RECORDER

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. Wendy Anne Brown, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wendy Anne Brown named as Trustee in the Declaration of Trust dated 7/12/1991 and executed by Brown Family Trustas 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 RdGardnerville, 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)SS

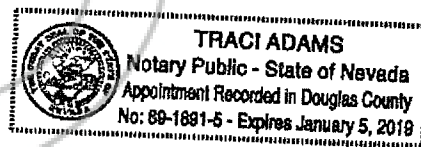
COUNTY OF Douglas

This instrument was acknowledged before me on

January 3, 2019

By Lindsay M. Schinzing

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3944698

CERTIFICATE OF DEATH

2017004204
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) Wendy Anne BROWN			2. DATE OF DEATH (Mo/Day/Year) March 03, 2017		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 Carson Tahoe Regional Medical Center (inpatient)(Specify): Inpatient			4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	7a. AGE-Last birthday (Years) 69	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA, name country) New York		8b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER ██████████-5200		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 659 Stones Throw Road	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John MILLER				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen DOWDEN		
18a. INFORMANT - NAME (Type or Print) Lindsay SCHINZING			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1341 Dresslerville Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town, State Reno Nevada 89503		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 806	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Affinity 644 S Wells Rd 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) CRAIG RAU MD 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) March 08, 2017		21c. HOUR OF DEATH 02:44		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR 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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 08, 2017		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).)						Interval between onset and death
PART I (a) Cardiopulmonary Arrest						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Respiratory Failure						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) Lung Cancer						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(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 Chronic Kidney Disease, Stage III; Unknown Etiology					26. AUTOPSY (Specify Yes or 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

000663558



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: **3/22/2017**

Cody Thirney
SIGNATURE AUTHENTICATED

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

