

APN: 1220-04-101-030  
Prior APN: 1220-04-101-004



KAREN ELLISON, RECORDER

When Recorded, Please Return To  
Heritage Law Group, P C  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To  
Sharon A Burns  
543 Green Acres Drive  
Gardnerville, NV 89460

This document contains a  
Social Security number  
pursuant to NRS 440 380

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### AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA     )  
                                  ) ss  
COUNTY OF DOUGLAS )

Sharon A Burns, being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge

That she is over the age of 18,

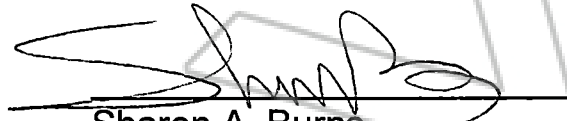
That Richard E Brown is the same person as Richard E Brown who died on February 15, 2018, as referenced in the certified copy of the Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference

That Richard E Brown was named as one of the grantees in that certain Deed recorded on May 4, 2006, as Document No 0674138 of Official Records of Douglas County, Nevada, covering the real property situated at 1355 Centerville Lane, Gardnerville, Douglas County, Nevada, more precisely described as


**See Exhibit B attached hereto and incorporated herein by this reference.**

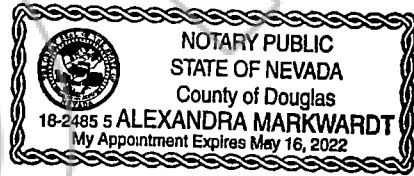
That pursuant to the rules of survivorship, Sharon A Burns is the survivor and now holds this property as a single woman as her sole and separate property

Date February 6, 2019

  
Sharon A Burns

SIGNED AND SWORN TO (or affirmed)  
before me on February 6, 2019,  
by Sharon A Burns

  
\_\_\_\_\_  
Notary Public



**EXHIBIT A**  
**CERTIFICATE OF DEATH**

COPY

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

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

CASE FILE NO 4005562

**CERTIFICATE OF DEATH**

2018003564  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX) <b>Richard E BROWN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 15, 2018</b>		3a COUNTY OF DEATH <b>Douglas</b>	
	3b CITY TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and apt. No.) <b>543 Green Acres Drive</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm (Inpatient)(Specify) <b>Home</b>	
DECEDENT	4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) <b>72</b>		7b UNDER 1 YEAR (MOS DAYS)		7c UNDER 1 DAY (HOURS MINS)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8a STATE OF BIRTH (If not US/CA name country) <b>Michigan</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>16</b>	
	11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sharon BURNS</b>			
PARENTS	13 SOCIAL SECURITY NUMBER <b>2555</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Personnel Management</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d STREET AND NUMBER <b>543 Green Acres Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold BROWN</b>	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lillian Delight ADGATE</b>		18a INFORMANT- NAME (Type or Print) <b>Sharon BURNS</b>			
TRADE CALL	18b MAILING ADDRESS (Street or R F D No. City or Town State Zip) <b>543 Green Acres Drive Gardnerville, Nevada 89460</b>		19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>	
	19c LOCATION City or Town State <b>Carson City Nevada 89701</b>		20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>	
CERTIFIER	20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>DEREK C SHORT</b> <b>SIGNATURE AUTHENTICATED</b>			
	21b DATE SIGNED (Mo/Day/Yr) <b>April 23, 2018</b>		21c HOUR OF DEATH <b>17:43</b>		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) <b>Coroner Derek C Short PO Box 218 Minden, NV 89423</b>		22b LICENSE NUMBER		22c PRONOUNCED DEAD (Mo/Day/Yr) <b>February 15, 2018</b>	
	22d PRONOUNCED DEAD AT (Hour) <b>17:43</b>		23a REGISTRAR (Signature) <b>MELISSA KNIGHT</b> <b>SIGNATURE AUTHENTICATED</b>		23b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 23, 2018</b>	
CAUSE OF DEATH	23c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) <b>Gunshot Wound Of The Head</b> DUE TO OR AS A CONSEQUENCE OF			
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART II (b) DUE TO, OR AS A CONSEQUENCE OF		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART II (c) DUE TO, OR AS A CONSEQUENCE OF		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART II (d) DUE TO, OR AS A CONSEQUENCE OF	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26 AUTOPSY (Specify Yes or No) <b>Yes</b>		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	
STATE REGISTRAR	28d DESCRIBE HOW INJURY OCCURRED <b>Self-Inflicted Gunshot Wound To The Head</b>		28e INJURY AT WORK (Specify Yes or No)			
	28f PLACE OF INJURY -At home farm street factory office building etc (Specify) <b>543 GREEN ACRES DR</b>		28g LOCATION STREET OR R F D No		28h CITY OR TOWN STATE	

STATE REGISTRAR

000 20007



CERTIFIED COPY OF VITAL RECORDS

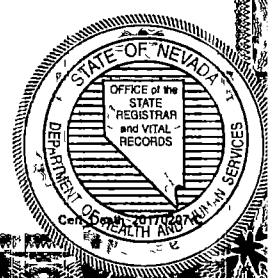
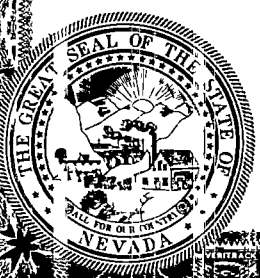
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED **4/27/2018**

*Rnd White*  
**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



## EXHIBIT B

### LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows:

A parcel of land located in the Northwest 1/4 of Section 4, and in the Northeast 1/4 of Section 5, Township 12 North, Range 20 east, M.D.B. & M. Douglas County, Nevada, more particularly described as follows:

Parcel 1 as shown on PARCEL MAP LDA 06-010 for MICHAEL J. AND LAURA PALMER, filed for record with the Douglas County Recorder on May 2, 2006 in Book 0506, Page 692, Document Number 0673894, Official Records, Douglas County, Nevada.

A portion of APN 1220-04-101-004

**EXCEPTING THEREFROM** all water rights, surface or ground, permitted, certificated, adjudicated, or vested, as well as seeps, springs and other rights to water of any nature whatsoever, appurtenant to or historically used on the property.

Pursuant to NRS 111 312, the above legal description previously appeared in Deed recorded on May 4, 2006, as Document No 0674138