

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO

Minor & Keene
1101 Sutton Way
Grass Valley, California 95945

DOUGLAS COUNTY, NV

Rec:\$35.00

Total:\$35.00

MINOR & KEENE

2019-926275

03/04/2019 09:35 AM

Pgs=8



00087531201909262750080081

KAREN ELLISON, RECORDER

E05

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

Parcel Number: 1318-24-401-007
1318-24-401-008
1318-24-401-015

Parcel Address: 392 Kingsbury Grade Road
Stateline, NV 89449

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Nevada

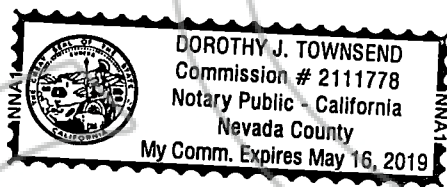
Subscribed and sworn to (or affirmed) before me
on this 7th day of Feb, 2019,
by Date Month Year

(1) Scott Michael Brown

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Dorothy J. Townsend
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Death of Grantor Affidavit Document Date: 2-7-19

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Exhibit A

RPTT: 1318-24-401-007
APN: 1318-24-401-008
1318-24-404-015

DOC # 0764120
05/21/2010 03:25 PM Deputy: PK
OFFICIAL RECORD
Requested By:
DONALD WREN

MAIL RECORDED DOCUMENT TO:

Joyce Wren
3150 Alcorn Road
Fallon, NV 89406

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0510 PG- 4407 RPTT: # 10

MAIL TAX STATEMENT TO:

Joyce Wren (CIG, INC)
~~3150 Alcorn Road~~
~~Fallon, NV 89406~~
C/O SAVAGE SAVAGE BROWN, INC.
~~P.O. Box 22545~~
~~OKLAHOMA CITY, OK 73123~~



DEED UPON DEATH

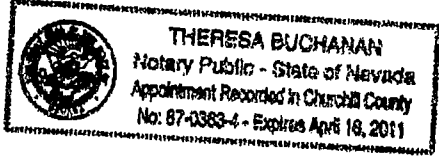
For valuable consideration, receipt of which is hereby acknowledged, JOYCE WREN, a married woman, does hereby Grant, Sell, Bargain and Convey to JOYCE WREN, a married woman as her sole and separate property, and then upon her death, to SCOTT M. BROWN and ERIN C. BROWN, all right, title and interest in the real property located in the County of Douglas, State of Nevada, and more particularly described as:

All those portions of the Southwest Quarter of the Southwest Quarter of Section 24, Township 13 North, Range 18 East, Mount Diablo Base and Meridian, located in the County of Douglas, State of Nevada, described as follows:

PARCEL 1, Beginning at the Northeast corner of the Southwest Quarter of the Southwest Quarter of Section 24, which corner bears the following two courses from the Southwest corner of said Section 24: North 00° 17' West 1310.03 feet and South 89° 55' 06" East 1321.11 feet; thence from said point of beginning South 00° 01' 22" East along the Eastern line of the SW 1/4 of SW 1/4 a distance of 215.61 feet to a point on the Northerly right of way line of Nevada State Highway Route No. 19; thence along said Northerly boundary of said Highway South 72° 49' 53" West 200.58 feet to the end of a curve to the right; thence along said curve whose central angle is 12° 46' with a radius of 1040 feet, and arc length of 231.74 feet to the beginning of said curve to the right; thence along a tangent to said curve South 60° 03' 53" West 103.89 feet to the Eastern line of the parcel of land conveyed to Clarence F. Woodin et ux, recorded in Book B, page 710 official records of Douglas County, State of Nevada; thence leaving said Northerly boundary of said Highway North 00° 07' East 420.45 feet along said Eastern Boundary to a point on the North line of said Southwest Quarter of the Southwest Quarter of Section 24; thence along said North line South 89° 55' 06" East 493.47 feet to the point of beginning.

PARCEL 2. Beginning at a point in the North line of the Southwest Quarter of the Southwest Quarter of Section 24 which bears from the Southwest Corner of said Section 24 the following two courses: North 00° 07' West 1310.03 feet and South 89° 55' 06" East 658.71 feet; thence from said described point of beginning along the said North line

personally appeared Joyce Wren, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Theresa Buchanan
Notary Public

COPY

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

835373
I.D. TAG NO.

STATE FILE NUMBER



7106958



TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

1. Legal Name First: Joyce, Middle: Marie, Last: Wren, Suffix:			2. Death Date January 01, 2019	
3. Sex Female	4. Age 78 years	5. Social Security Number [REDACTED]-9477		6. County of Death Curry
7. Birthdate September 02, 1940	8. Birthplace Osawatomie, Kansas		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence Number and Street 98603 Camellia Drive			14. City/Town Brookings	
15. Residence County Curry		16. State or Foreign Country Oregon		17. Zip Code + 4 97415
18. Inside City Limits? No		19. Marital Status at Time of Death Married		
20. Spouse's Name Prior to First Marriage Donald Wren			21. Usual Occupation Executive Secretary	
22. Kind of Business/Industry Casino			23. Father's Name Roy Hale	
24. Mother's Name Prior to First Marriage Cecelia Clements			25. Informant's Name Donald Wren	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 98603 Camellia Drive, Brookings, OR 97415
29. Place of Death Decedent's Residence - Hospice			30. Facility Name	
31. Location of Death 98603 Camellia Drive		32. City/Town or Location of Death Brookings		33. State Oregon
34. Zip Code + 4 97415		35. Method of Disposition Cremation		
36. Place of Disposition Redwood Memorial Crematory			37. Location Brookings, Oregon	
38. Name and Complete Address of Funeral Facility Redwood Memorial Chapel 1020 Ffield St, Brookings, Oregon 97415				
39. Date of Disposition TBD		40. Funeral Director's Signature Jacob C F Boulet		41. OR License Number CO-3808
42. Registrar's Signature Karin Larsen		43. Date Received 1-11-19		44. Local File Number 1-2019
45. Amendment				

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 1230	
CAUSE OF DEATH							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death ->		IMMEDIATE CAUSE ↓ a. <u>ACUTE SYSTOLIC HEART FAILURE</u>				10 DAYS	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ b. <u>ACUTE ON CHRONIC HYPOXIC HYPERCAPNIC RESP. FAILURE</u>				10 DAYS	
		Due to (or as a consequence of) ↓ c.					
		Due to (or as a consequence of) ↓ d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>PULMONARY HTN, ATRIAL FIBRILLATION, Rheumatoid Arthritis, Mitral Regurgitation</u>							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant: 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within 1 or last year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Jitendra C. Patel, P.O. Box 2742, Brookings, OR 97415							
63. Name and Title of Attending Physician if Other than Certifier Palak J. Patel, P.O. Box 2742, Brookings, OR 97415							
64. Title of Certifier M.D.		65. License Number MD15202		66. Date Signed (MM/DD/YYYY) JAN 9 2019			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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) and manner stated.			



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: January 11, 2019

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

State of Nevada Declaration of Value

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

1. **Assessor Parcel Number(s)**
 a) 1318-24-401-007
 b) 1318-24-401-008
 c) 1318-24-404-015
 d) _____

2. **Type of Property:**
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg. f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

3. **Total Value/Sales Price of Property:** \$ 0.00
 Deed in Lieu of Foreclosure Only (value of property) \$ 0.00
 Transfer Tax Value per NRS 375.010, Section 2: \$ 0.00
 Real Property Transfer Tax Due: \$ 0.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption, per NRS 375.090, Section: 5
 b. Explain Reason for Exemption: A conveyance of real property FROM PARENT TO CHILD PURSUANT TO SECTION 5. (SEE DOCUMENT # 076420 DEED UPON DEATH)
 5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity BUYER
 Signature Scott M. Brown Capacity SELLER
Scott M. Brown

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Joyce Wren
 Address: 14364 MCCOURTNEY RD
 City: GRASS VALLEY
 State: CA Zip: 95949

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Scott Brown and Erin Brumage
 Address: 14364 MCCOURTNEY RD.
 City: GRASS VALLEY
 State: CA Zip: 95949

COMPANY REQUESTING RECORDING
(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: MINOR & KEENE Escrow # _____
 Address: 1101 SUTTON WAY
 City: GRASS VALLEY State: CA Zip: 95945