

APN#: 1420-35-310-002

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Jeanne Brumann  
1605 Downs Court  
Minden NV 89423

**Mail Tax Statements to: (deeds only)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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



Alicia Wilson

Escrow Assistant

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Jeanne Brumann, of legal age, being first duly sworn, deposes and says:

That Frank Thomas Brumann, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frank Thomas Brumann named as one of the parties in that certain Grant, Bargain and Sale Deed dated 3/4/2015 executed by Steve J. Andrus and Ralphine M. Andrus, husband and wife as community property with right of survivorship to Frank T. Brumann and Jeanne M. Brumann, husband and wife as joint tenants with right of survivorship, recorded as instrument No. 2015-857919, on 3/6/2015 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the City of Minden, County of Douglas, State of Nevada, described as follows:

Lot 2 in Block A as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 501 of Official Records, Page 3298 as Document No. 514006.

Dated 5/7/19

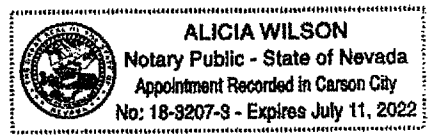
Jeanne M. Brumann  
Jeanne Brumann, Surviving Joint Tenant

STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on May 7, 2019  
by Jeanne Brumann.

Alicia Wilson  
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. 3942254

**CERTIFICATE OF DEATH**

2017003202  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Frank Thomas BRUMANN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 20, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient(Specify)) <b>Continuecare Hospital of Carson Tahoe, Inc. Inpatient</b>		3a. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. <b>Inpatient</b>			4. SEX <b>Male</b>
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthda (Years) <b>68</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 11, 1948</b>
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Alaska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jeanne DUNBAR</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>8289</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Pipeline Inspector</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Oil / Gas</b>		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>1605 Downs Court</b>				15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank BRUMANN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Emma SEILBACH</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Jeanne BRUMANN</b>			16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1605 Downs Court Minden, Nevada 89423</b>				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	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>JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED</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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>February 23, 2017</b>		21c. HOUR OF DEATH <b>02:45</b>		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) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>			
REGISTRAR	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 23, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Inanition</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Amyloidosis</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Nephrotic Syndrome</b>						Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Ramsay Hunt Syndrome; Chronic Heart Failure; Unknown Etiology</b>						26. AUTOPSY (Specify Yes or No)	
	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



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.

2/23/2017

DATE ISSUED:

*Codyl Phirogy*  
**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

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

