

A.P.N. 13-234-03

R.P.T. \$0.00



00094050201909316190040043

Recording Requested By:  
When Recorded Return to:

KAREN ELLISON, RECORDER

Betty Brickner  
917 Loyola Street  
Carson City 89705

Mail Tax Information to:

Same as above

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

Signature *Betty L. Brickner*  
BETTY L. BRICKNER

Title: AFFIDAVIT OF DEATH OF JOINT TENANT

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### AFFIDAVIT OF DEATH OF JOINT TENANT

Betty L. Brickner, of legal age, widow of decedent named below, first being duly sworn, deposes and says:

That Robert Clarence Brickner, the decedent mentioned in the attached certified copy of Certificate of Death, who died on April 27, 2019 at Carson City, Nevada, is the same person as Robert C. Brickner, named as one of the parties in that certain Grant, Bargain and Sale Deed dated November 9, 2000, executed by Gary Holquist, a single man to Robert C. Brickner and Betty L. Brickner, husband and wife as joint tenants, recorded as Document # 1050317 of Official Records of Douglas County, Nevada, covering the following described property in the County of Douglas, State of Nevada:

Lot 39, in Block D, as shown on the map of IMPALA MOBILE HOME ESTATES UNIT NO. 1, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on May 11, 1978, in Book 578, Page 708, as Document No. 20555 Assessor's Parcel #: 32-074-01

TOGETHER WITH, all tenements, hereditaments, and appurtenances if any, thereto belonging or appertaining, and any reversions, remainders, rents, issue and profits thereof.

Dated: July 11, 2019

Betty L. Brickner  
Betty L. Brickner

**ACKNOWLEDGMENT**

State of Nevada }  
County of Carson City }ss.

On this 11<sup>th</sup> day of July in the year 2019,

before me Heather Cooney (here insert name of notary public) personally appeared Betty L. Brickner (here insert name of principal), 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 he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Heather Cooney  
(Signature of Notary Public)



SEAL

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

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

CASE FILE NO. 4079407

**CERTIFICATE OF DEATH**

2019009146  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert Clarence BRICKNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 27, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) <b>917 Loyola Street</b>		3e. If Hosp or Inst. indicate DOA, OP/Enter 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>84</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	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 19, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</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>Betty SUMMERS</b>	
PARENTS	13 SOCIAL SECURITY NUMBER <b>██████████ 5468</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>917 Loyola Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT -NAME (First Middle Last Suffix) <b>Clarence BRICKNER</b>	
	17 MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Irma WISDOM</b>		18a. INFORMANT -NAME (Type or Print) <b>Betty BRICKNER</b>		18b. MAILING ADDRESS (Street or R F D No City or Town, State, Zip) <b>917 Loyola Street Carson City, Nevada 89705</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
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>SIGNATURE AUTHENTICATED</b> <b>KIM CHI T NGUYEN</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>May 08, 2019</b>		21c. HOUR OF DEATH <b>19:51</b>		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Kim Chi T Nguyen 897 Ironwood Drive Minden, NV 89423</b>		23b. LICENSE NUMBER <b>17463</b>		24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> <b>SIGNATURE AUTHENTICATED</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 08, 2019</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))	
CAUSE OF DEATH	PART I		(a) <b>Cardio-respiratory Arrest</b>		Interval between onset and death	
	(b) <b>Pulmonary Emphysema</b>		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) <b>DUE TO, OR AS A CONSEQUENCE OF,</b>		Interval between onset and death		Interval between onset and death	
	(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 <b>Heart Disease</b>		26. AUTOPSY (Specify Yes or No) <b>No</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		
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						



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.

*Ann Joseph*  
**Interim Administrator**  
STATE REGISTRAR

DATE ISSUED: **5/9/2019**

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

