



KAREN ELLISON, RECORDER

APN: 1319-10-110-005
RECORDING REQUESTED BY:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Mary Jo Brummer
P.O. Box 1115
Genoa, NV 89411

The party executing this document affirms that this document
DOES contain a social security number as required by law per
NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

Mary Jo Brummer, of P.O. Box 1115, Genoa, Nevada 89411, being first duly sworn,
deposes and says:

That John R. Brummer, the decedent mentioned in the attached certified copy of Certificate
of Death, is the same person as John R. Brummer named as one of the parties in that certain Grant,
Bargain and Sale Deed recorded on September 9, 1999, as Document No. 0476123, executed by
Donald Reniers, Co-Trustee and Virginia Harper Reniers, Co-Trustee of the Donald and Virginia
Reniers Family Trust dated May 29, 1984, which transferred the subject real property to John R.
Brummer and Mary Jo Brummer, husband and wife as joint tenants, recorded in the official records
of Douglas County, State of Nevada, covering the following described real property situated in
Douglas County, State of Nevada:

Lot 5, as shown on the map of Genoa Heights, filed for record in
the office of the County Recorder of Douglas County, Nevada,
on May 29, 1990 as Document No. 226870.

APN: 1319-10-110-005

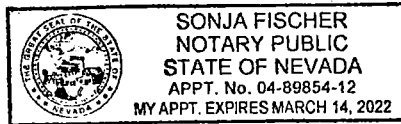
(This legal description was previously recorded in the Official
Records of Douglas County, State of Nevada on September 9,
1999 as Document No. 0479123)

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 13th day of September, 2019.

MJ Brummer
Mary Jo Brummer

On September 13, 2019, personally appeared before me, a notary public, Mary Jo Brummer, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Sonja Fischer
NOTARY PUBLIC

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052019141074

CERTIFICATE OF DEATH

3201919031799

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)			LOCAL REGISTRATION NUMBER		
1 NAME OF DECEDENT - FIRST (Given) JOHN		2 MIDDLE ROBERT		3 LAST (Family) BRUMMER			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4 DATE OF BIRTH m/m/dd/yyyy 07/18/1944		5 AGE Yrs. 74	6 SEX M
9 BIRTH STATE/FOREIGN COUNTRY CO		10 SOCIAL SECURITY NUMBER 6285	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS/SRDP (at Time of Death) MARRIED	7 DATE OF DEATH m/m/dd/yyyy 07/06/2019		8 HOUR (24 Hours) 1020
13 EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF EMPLOYED			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ATHLETIC FOOTWEAR AND CLOTHING			19 YEARS IN OCCUPATION 35	
20 DECEDENT'S RESIDENCE (Street and number, or location) 231 LIMOUSIN COURT							
21 CITY GENOA		22 COUNTY/PROVINCE DOUGLAS		23 ZIP CODE 89411	24 YEARS IN COUNTY 11	25 STATE/FOREIGN COUNTRY NV	
26 INFORMANT'S NAME, RELATIONSHIP MARY JO BRUMMER, SPOUSE				27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 231 LIMOUSIN COURT, GENOA, NV 89411			
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST MARY		29 MIDDLE JO		30 LAST (BIRTH NAME) PHILLIPS			
31 NAME OF FATHER/PARENT - FIRST JOHN		32 MIDDLE -		33 LAST BRUMMER		34 BIRTH STATE KANSAS	
35 NAME OF MOTHER/PARENT - FIRST LOIS		36 MIDDLE -		37 LAST (BIRTH NAME) VAN GUNDY		38 BIRTH STATE KANSAS	
39 DISPOSITION DATE m/m/dd/yyyy 07/15/2019		40 PLACE OF FINAL DISPOSITION OUR MOTHER OF SORROWS CATHOLIC CEMETERY 2700 NORTH VIRGINIA STREET, RENO, NV 89506					
41 TYPE OF DISPOSITION(S) TR/BU		42 SIGNATURE OF EMBALMER BRET BURKS			43 LICENSE NUMBER EMB8606		
44 NAME OF FUNERAL ESTABLISHMENT HOLY CROSS MORTUARY		45 LICENSE NUMBER FD1711	46 SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.			47 DATE m/m/dd/yyyy 07/11/2019	
101 PLACE OF DEATH SAINT JOHN'S HEALTH CENTER				102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hosp. Care <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104 COUNTY LOS ANGELES		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2121 SANTA MONICA BLVD			106 CITY SANTA MONICA		
107 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) CHRONIC RENAL FAILURE (C) METASTATIC BLADDER CANCER		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110 ALTOPIXY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111 USED IN OBTAINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115 SIGNATURE AND TITLE OF CERTIFIER MICHAEL TOISERKANI M.D.		116 LICENSE NUMBER A76707	117 DATE m/m/dd/yyyy 07/11/2019		
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL TOISERKANI M.D. 2121 SANTA MONICA BLVD, SANTA MONICA, CA 90404					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE m/m/dd/yyyy		122 HOUR (24 Hours)	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126 SIGNATURE OF CORONER / DEPUTY CORONER			127 DATE m/m/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A	B	C	D	E	
FAX AUTH.#				CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



002114662

Health Officer and Registrar

DATE ISSUED

DO 20

JUL 15 2019

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG01