

APN# : 1220-24-302-018



KAREN ELLISON, RECORDER

Recording Requested By:

James L. Brown

When Recorded Mail To:

James L. Brown
690 Pinto Circle
Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)

Same As Above

(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 James L. Brown
James L. Brown Grantee

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

James L. Brown, of legal age, being first duly sworn, deposes and says:

That Wanda J. Brown, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wanda J. Brown named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/17/2015 executed by Wanda J. Brown, an unmarried woman to Wanda J. Brown, an unmarried woman and James L. Brown, an unmarried man as joint tenants, recorded as instrument No. 2015-864518, on 6/17/2015, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

A portion of the Northwest 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M. described as follows:

COMMENCING at the West 1/4 corner of Section 24, Township 12 North, Range 20 East, M.D.B.&M., thence South 660 feet;thence East 1295 feet;thence North 141.43 feet to the True Point of Beginning; thence West 305 feet;thence North 141.43 feet;thence East 305 feet;thence South 141.43 feet to the True Point of Beginning.

"Per NRS 111.312" This legal description was recorded as Document No. 15002, Book 1177, Page 879 on November 14, 1977.

Dated Oct. 25, 2019

James L. Brown
James L. Brown, Surviving Joint Tenant

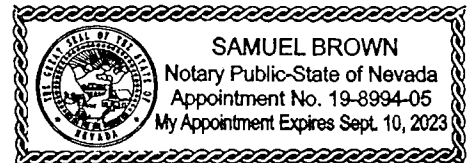
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on October 25, 2019

by James L. Brown

Samuel Brown
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. 4090967

CERTIFICATE OF DEATH

2019013683
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Wanda Jean BROWN			2. DATE OF DEATH (Mo/Day/Year) July 05, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 690 Pinto Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home		4. SEX Female
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) January 22, 1930
	9a. STATE OF BIRTH (If not US/CA, name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 11	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ████████-8997		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ASSEMBLY WORKER		14b. KIND OF BUSINESS OR INDUSTRY GENERAL ELECTRIC		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 690 Pinto Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) John E YOUNG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith BANDY			
	18a. INFORMANT- NAME (Type or Print) James BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 690 Pinto Circle Gardnerville, Nevada 89410				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423			
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			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) July 12, 2019		21c. HOUR OF DEATH 04:35		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114	
REGISTRAR	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 2019		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) Lung Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(d) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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.

DATE ISSUED: 7/15/2019

Jan Shugh
Interim Administrator
STATE REGISTRAR

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

