

APN# 1420-33-510-009



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Becky Brotherton

Address: 1331 Stephanie Way

City/State/Zip: Minden, NV 89423

Affidavit-- Death of Trustee

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Becky Brotherton
Signature

Becky Brotherton
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

When recorded mail to:
Day R. Williams, Esq.
1601 Fairview Dr. #C
Carson City NV 89701-5860

AFFIDAVIT—DEATH OF TRUSTEE

STATE OF NEVADA)
):ss
CARSON CITY)

BECKY BROTHERTON, of legal age, being first duly sworn, deposes and says: That MAURICE BROTHERTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MAURICE BROTHERTON named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 13, 2018 signed by Maurice Brotherton and Becky Brotherton as Trustees, recorded as Instrument No. 2018-915785 on June 20, 2018 at the Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, bounded and described as follows:

Lot 9, of Block 1, as shown on the plat of Mountain View Estates No. 1, recorded December 1, 1978, in Book 1278, of Official Records at Page 069, Douglas County, Nevada, as Document No. 27818.

Subject to restrictions, reservations, easements, covenants, oil, gas or mineral rights of record, if any. Being the same premises conveyed to Maurice W. Brotherton and Becky S. Brotherton, Husband and Wife, from Oscar M. Abruzzini and Shirley L. Abruzzini, Husband and Wife, by Grant, Bargain, Sale Deed dated 10/7/1987, and recorded on 11/10/1987, at Book 1187, Page 1426, in Douglas County, Nevada.

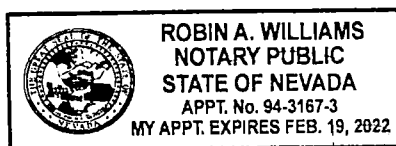
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

BECKY BROTHERTON is now the sole Trustee of THE MAURICE BROTHERTON AND BECKY BROTHERTON REVOCABLE LIVING TRUST.

Becky Brotherton
BECKY BROTHERTON

SUBSCRIBED AND SWORN TO before me
this *8th* day of *April*, 2020
by BECKY SUE BROTHERTON.

Robin A. Williams
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. 4124843

CERTIFICATE OF DEATH

2020001459
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Maurice Wayne BROTHERTON		2 DATE OF DEATH (Mo/Day/Year) January 17, 2020		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA, OP/Emer Rm. Inpatient(Specify) Inpatient	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 72		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) June 08, 1947		9a STATE OF BIRTH (If not US/CA, name country) Arizona		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Becky Sue SHAVER	
13 SOCIAL SECURITY NUMBER [REDACTED]-7447		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Estimator		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1331 Stephanie Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Maurice Parker BROTHERTON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Lucille BROWN		
18a INFORVANT- NAME (Type or Print) Becky Sue BROTHERTON		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1331 Stephanie Way Minden, Nevada 89423			
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 Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) LISA A CALVO 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) January 28, 2020		21c HOUR OF DEATH 10:55		22b DATE SIGNED (Mo/Day/Yr)	
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) Lisa A Calvo MD 1155 Mill St W11 Reno, NV 89502				23b LICENSE NUMBER 14356	
24a REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2020		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))					
PART I					
(a) Pulseless Electrical Activity				Interval between onset and death 2 Minutes	
(b) Ischemic Heart Disease				Interval between onset and death 5 Years	
(c) Coronary Artery Disease				Interval between onset and death 10 Years	
(d) Atherosclerosis				Interval between onset and death 15 Years	
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	



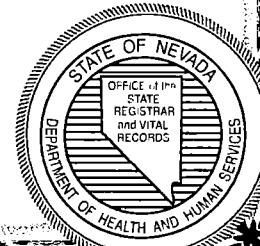
CERTIFIED COPY OF VITAL RECORDS

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: 1/29/2020

Blair J Hedrick
Blair J Hedrick
Administrator
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE