

APN# 1420-08-212-021

Recording Requested by/Mail to:

Name: Ernest E. Adler, Esq.

Address: 204 N. Minnesota St, Suite A

City/State/Zip: Carson City, NV 89703

Mail Tax Statements to:

Name: Douglas L. Brown, TT

Address: 1025 Sunburst Drive

City/State/Zip: Carson City, NV 89705



KAREN ELLISON, RECORDER

Affidavit Death of Co-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)

Douglas L. Brown

Signature

Douglas L. Brown

Printed Name

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

_____.

A.P.N.:1420-08-212-021

WHEN RECORDED MAIL TO:

Ernest E. Adler, Esq.
LAW OFFICES OF ERNEST E. ADLER
204 N. Minnesota Street, Suite A
Carson City, Nevada 89703

MAIL TAX STATEMENTS TO:

Douglas L. Brown
1025 Sunburst Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 :ss.
CARSON CITY)


Douglas L. Brown, as surviving Trustor, does hereby swear under perjury that the assertions of this affidavit are true and declares the following:

1. Douglas L. Brown of legal age, being first duly sworn, deposes and says:
2. That Frances Joan Brown, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frances Joan Brown, named as one of the parties in that certain Quitclaim Deed, dated June 27, 2012, executed by Douglas L. Brown and Frances Joan Brown, husband and wife as joint tenants with right of survivorship, to Douglas L. Brown and Frances Joan Brown, as Trustee for The Brown Family Trust, dated March 8, 2001, recorded as Document No. 804801, on June 28, 2012, Official Records of Douglas County Recorder's Office, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 23 in Block I, as set forth on the final map of SUNRIDGE HEIGHTS PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on July 1, 1994, in Book 794, at Page 2, as Document No. 340969, and Amended Map recorded February 22, 1995, in Book 295, at Page 3219, as Document No. 356642, Official Records.

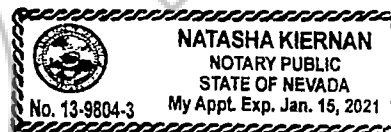
3. At the time of death of Frances Joan Brown, title to the real property described in paragraph 2 above continued to be held by Douglas L. Brown and Frances Joan Brown, as Trustees for The Brown Family Trust, dated March 8, 2001. As a result of the death of Frances Joan Brown, the real property described in paragraph 3 above is now owned by Douglas L. Brown, Trustee of The Brown Family Trust, dated March 8, 2001.

Dated this 27th day of August, 2020.


Douglas L. Brown, Trustee

SUBSCRIBED and SWORN (or affirmed) to
before me by Douglas L. Brown
this 27th day of August, 2020.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4151701

2020013021
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) Frances Joan BROWN		2 DATE OF DEATH (Mo/Day/Year) June 22, 2020		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Ormsby Post Acute Rehab		3e If Hosp. or Inst. Indicate DOA,OP,Emer. Rm Inpatient(Specify) Inpatient	
4. SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 86		7b UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) July 02, 1933		9a STATE OF BIRTH (If not US/CA, name country) Missouri		9b CITIZEN OF WHAT COUNTRY United States	
10.EDUCATION 16		11.MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Douglas L BROWN	
13 SOCIAL SECURITY NUMBER ██████████-9593		14a USUAL OCCUPATION (Give Kind of Work Done During Most of LIBRARIAN		14b KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1025 Sunburst Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Joseph DEATON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Frances WIEHL		
18a. INFORMANT - NAME (Type or Pnnt) Douglas BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1025 Sunburst Dr Carson City, Nevada 89705			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI		20b FUNERAL DIRECTOR LICENSE NUMBER FD217		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) SIGNATURE AUTHENTICATED REED DOPF MD			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) June 23, 2020		21c. HOUR OF DEATH 12:11		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) WESLEY T STOREY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 25, 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) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Severe, Progressive Dementia Of Unspecified Pattern					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Etiology Is Not Specified					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Chronic Heart Failure, Hypertension				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	

STATE REGISTRAR

Information Corrected, State Affidavit# 71376, 08/04/2020 - 17c



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.

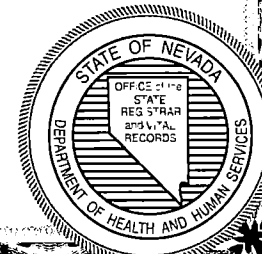
DATE ISSUED:

AUG 25 2020

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

Wesley T Storey
STATE REGISTRAR
AND VITAL RECORDS

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE