

APN: 1220-22-110-137

When Recorded, Please Return To:
Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:
Sandra K. Brown
757 Lois Ct
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

AFFIANT, Sandra K. Brown, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 96, as shown on the Official map of Gardnerville Ranchos Unit No. 5, filed for record on November 4, 1970 in the Office of the County Recorder of Douglas County, Nevada, as Document No. 50056

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on March 27, 2000, as Document Number 0488669)

was acquired and held by Affiant, Sandra K. Brown, and Decedent, Ronald R. Brown, as Trustees of the Brown Living Trust dated February 1, 2000, by Grant, Bargain, Sale Deed executed by North American Deed Company, on February 1, 2000, which deed was thereafter recorded with the Douglas County Recorder on March 27, 2000;

That Decedent, Ronald R. Brown, passed away on July 7, 2020, as identified in Certificate of Death #2020014995, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Ronald R. Brown is the same person as Ronald R. Brown, Trustee of the Brown Living Trust dated February 1, 2000;

That pursuant to the rules of survivorship, Affiant, Sandra K. Brown, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked, and she hereby consents to act as such;

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

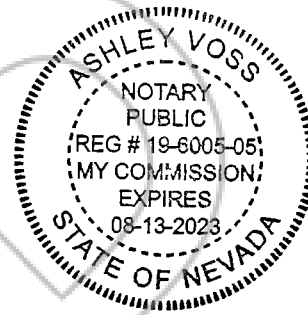
Date: August 13, 2020

Sandra K Brown
Sandra K. Brown, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me on August 13, 2020, by Sandra K. Brown.

Ashley Voss
Notary Public



COPY

Exhibit 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4154114

CERTIFICATE OF DEATH

2020014995

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) RONALD R BROWN		2. DATE OF DEATH (Mo/Day/Year) July 07, 2020		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) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR WEEKS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1934		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to 1st marriage) Sandra BAUGHMAN	
13. SOCIAL SECURITY NUMBER 9390		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 757 Lois Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur BROWN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zelma CLYMER		
18a. INFORMANT- NAME (Type or Print) Sandra BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 757 Lois Court Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1620 Buckeye Rd Minden NV 89423	
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) AMY P ANTON 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) July 21, 2020		21c. HOUR OF DEATH 09:15		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)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amy P Anton MD 1107 US 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 14094	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
(a) Respiratory Failure		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Pneumonia		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Unknown Etiology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		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) Yes					
28a. ACC., SUICIDE, HOMICIDE 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	

000824235



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: **7/22/2020**

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]

