

Document Transfer Tax \$0
Assessor's Parcel No. 1320-29-410-032



KAREN ELLISON, RECORDER

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
Charlotte Brooke, Trustee
1 Westside Lane
Gardnerville, NV 89423

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF TRUSTEE

CHARLOTTE BROOKE, of legal age, being first duly sworn, deposes and says:

That THOMAS SCOTT BROOKE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated June 25, 1987, executed by Franklin E. Manning, Trustee of The F.E. Manning Living Trust Dated October 7, 1983, conveying title to THOMAS SCOTT BROOKE and CHARLOTTE BROOKE, as Trustees for BARBARA KATHERINE EBRIGHT, (also known as Barbara Katherine Cowden), under that certain Testamentary Trust set forth in the Decree of Final Distribution of the Estate of Elizabeth Covell Ebright, Deceased, filed April 16, 1987, wherein the decedent is the co-trustee under that certain Testamentary Trust set forth in the Decree of Final Distribution of the Estate of Elizabeth Covell Ebright, Deceased, filed April 16, 1987; it being further acknowledged that CHARLOTTE BROOKE is the surviving trustee under said declaration of trust on the death of THOMAS SCOTT BROOKE.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No.157487, Book 687 Page 4151, on June 30,1987, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lots 19 and 20, in Block H, as shown on the AMENDED MAP OF WEST ADDITION OF THE TOWN OF MINDEN, Douglas County, Nevada, filed in the office of the County Recorder of Douglas County, Nevada on April 5, 1915.

Dated: 5/8/18


CHARLOTTE BROOKE

JURAT

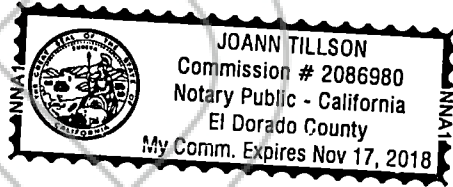
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 8th day of May 2018,
by CHARLOTTE BROOKE, proved to me on the basis of satisfactory evidence to be the person
who appeared before me.

Signature Joann Tillson

Affidavit - Death of Trustee
Assessor's Parcel No. 1320-29-410-032



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021513
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
STATE THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Scott BROOKE		2. DATE OF DEATH (Mo/Day/Year) December 24, 2014		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 or Carson Tahoe Regional Medical Center Inpatient(Specify)		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1945		9a. STATE OF BIRTH (If not U S A. Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16+		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Charlotte EBRIGHT	
13 SOCIAL SECURITY NUMBER [REDACTED]-7167		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Lawyer		14b. KIND OF BUSINESS OR INDUSTRY Law	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1 Westside Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd Scott BROOKE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sarah Amelia MCDOUGAL		
18a. INFORMANT- NAME (Type or Print) Charlotte BROOKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1 Westside Lane Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln 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) TODD PALMER CHAPMAN M.D. 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) December 31, 2014		21c. HOUR OF DEATH 19:01		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) Todd Palmer Chapman M.D. 412 W John Street Carson City, NV 89701				23b. LICENSE NUMBER 5933	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015		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) Anoxic Encephalopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary Artery Disease				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, 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

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.

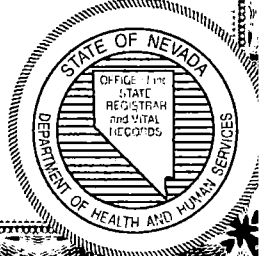
DATE ISSUED:

1/2/2015

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

STATE REGISTRAR
Rhonda Pena
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE