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Natalia K. Vander Laan, Esq.

**A.P.N.: 1022-18-002-027**



KAREN ELLISON, RECORDER

**Recording Requested By:** )  
Wanda Braden )  
1553 Alba Vis )  
Gardnerville, NV 89410 )

**When Recorded Mail to:** )  
Wanda Braden )  
1553 Alba Vis )  
Gardnerville, NV 89410 )

**Mail Tax Statements to:** )  
Wanda Braden )  
1553 Alba Vis )  
Gardnerville, NV 89410 )

**AFFIDAVIT – DEATH OF CO-OWNER**

I, WANDA KAY BRADEN, of legal age, being first duly sworn, declare under penalty of perjury that:

JAMES D. BRADEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES D. BRADEN named as one of the parties (grantees) in that certain deed dated March 13, 2007, and executed by Edwin W. Bryant and Janet L. Bryant, husband and wife, as joint tenants (grantors), to James W. Braden and Wanda K. Braden, husband and wife as joint tenants, recorded on March 16, 2007, as Document No. 0697197 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 3 in Block C, as shown on the Official Map of HOLBROOK HIGHLANDS, filed for record in the office of the County Recorder of Douglas County, Nevada on March 22, 1978, in Book 378, Page 1422 as Document No. 18825.

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Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

JAMES D. BRADEN, the deceased party, died on Aug 17, 2019, as shown in the attached certified copy of Certificate of Death.

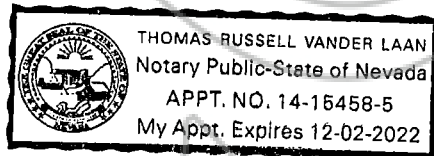
The Affiant is the Wife of the deceased party and now the sole owner of the subject property, holding title as a single woman as her sole and separate property.

Executed on this April 13, 2021, in Douglas County, State of Nevada.

*Wanda K Braden*  
 WANDA KAY BRADEN

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this April 13, 2021, by WANDA KAY BRADEN.



*[Signature]*  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4098346

**CERTIFICATE OF DEATH**

2019016306  
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) <b>James Donald BRADEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 17, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Wanda GEORGE</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 21, 1940</b>	
13. SOCIAL SECURITY NUMBER <b>██████████8208</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1553 Alba Vista</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Denver BRADEN</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara QUANDT</b>		18a. INFORMANT- NAME (Type or Print) <b>Wanda BRADEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1553 Alba Vista Gardnerville, Nevada 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>AMANDA M GRIFFITH DO</b>			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) <b>August 18, 2019</b>		21c. HOUR OF DEATH <b>15:30</b>		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	
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) <b>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>	
23b. LICENSE NUMBER <b>DO1685</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 19, 2019</b>	
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) <b>Cardiopulmonary Arrest</b>		Interval between onset and death			
(b) <b>Acute Hypoxemic Respiratory Failure</b>		Interval between onset and death			
(c) <b>Aspiration Pneumonia</b>		Interval between onset and death			
(d) <b>Chronic Obstructive Pulmonary Disease</b>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Left-sided Pneumothorax, Botus Emphysema, Septic Shock, Ischemic Colitis, Unknown Etiology				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	

000821904



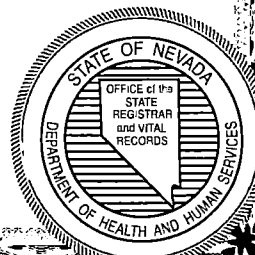
CERTIFIED COPY OF VITAL RECORDS

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: 7/1/2020

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

*Janey G. ...*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE