

WHEN RECORDED MAIL TO:
Janet L. Braman, Trustee under The
Janet L. Braman Trust UDT dated
August 23, 1995

Goode Francis #40
Gresham, OR 97030

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02100877-RLT

APN No.: 1320-30-110-021

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Janet L. Braman, being duly sworn, deposes and says:

1. Douglas Howard Braman, the decedent mentioned in attached copy of Certificate of Death, is the same person as Douglas H. Braman, Trustee of the Janet L. Braman Trust UDT dated August 23, 1995 named as one of the trustee(s) in that certain Grant, Bargain, and Sale Deed dated September 23, 2013, executed by Janet L. Braman, Trustee of The Janet L. Braman Trust UDT dated August 23, 1995 and Douglas H. Braman, Trustee of the Douglas H. Braman Trust UDT dated August 31, 1995, as tenants in common to Douglas H. Braman and Janet L. Braman, Trustees of the Janet L. Braman Trust UDT dated August 23, 1995, recorded on 09/27/2013 as instrument number 831376, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Janet L. Braman, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

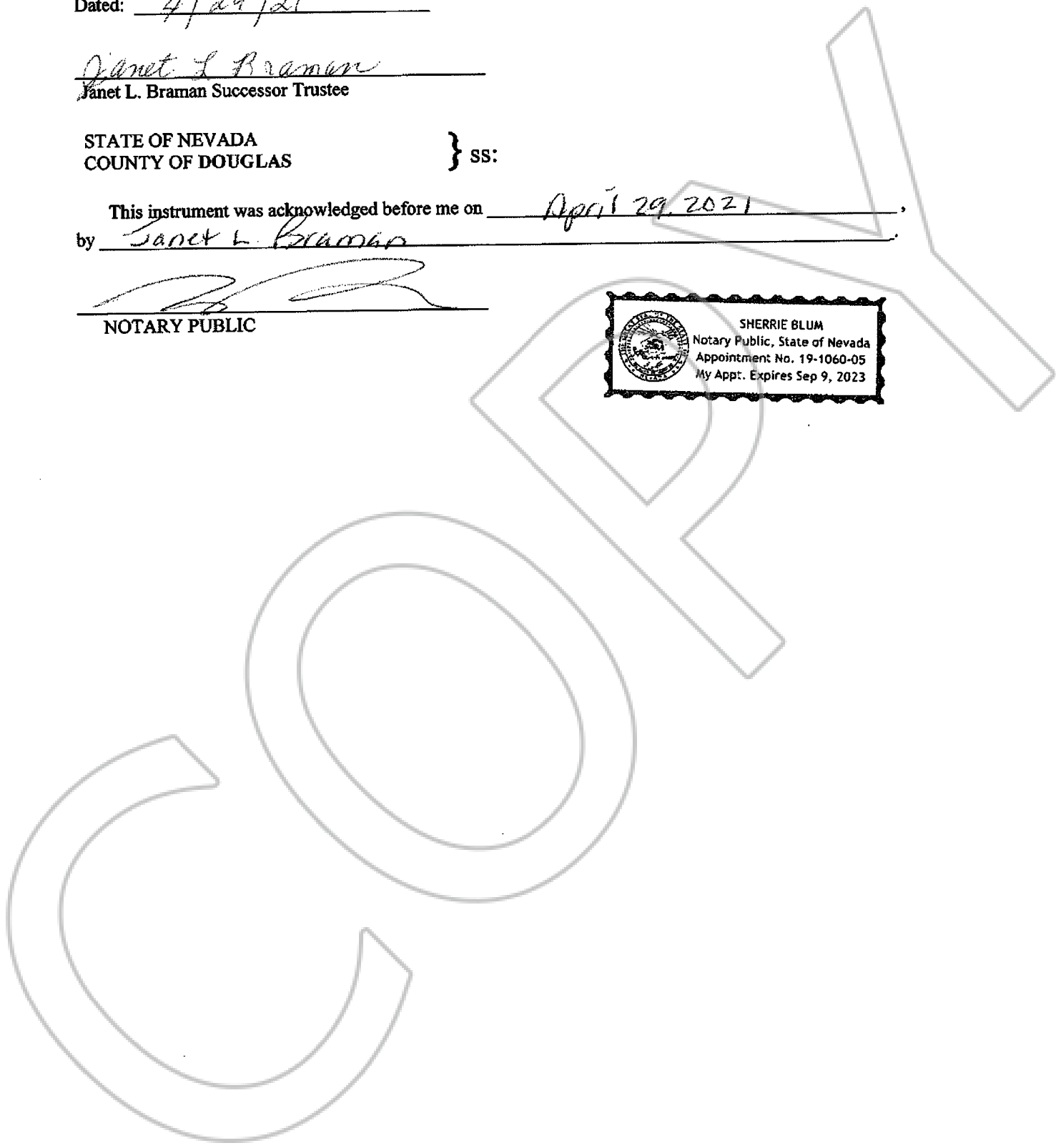
Dated: 4/29/21

Janet L. Braman
Janet L. Braman Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on April 29, 2021,
by Janet L. Braman

[Signature]
NOTARY PUBLIC



Order No.: 02100877-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 27, in Block B, as set forth on the map of WESTWOOD PARK UNIT NO. IV PHASE B, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, Page 27, as Document No. 338620, Official Records.

Together with an undivided 1/21st interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT NO. IV PHASE B, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, Page 27, as Document No. 338620, Official Records, and as shown on the Record of Survey to Support a Lot Line Adjustment for Westwood Park Homeowners' Association and Minden Gardnerville Sanitation District, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 11, 2000, in Book 400, Page 1729, as Document No. 489711, Official Records.

APN: 1320-30-110-021

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4186992

CERTIFICATE OF DEATH

2020029648
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Douglas Howard BRAMAN		2. DATE OF DEATH (Mo/Day/Year) December 26, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1763 Mahogany Circle		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 26, 1942	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	13. SOCIAL SECURITY NUMBER 0794		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY BANKING	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 1763 Mahogany Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Howard Irvin BRAMAN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Frances FARRELL			
	18a. INFORMANT - NAME (Type or Print) Janet Lee BRAMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1763 Mahogany Dr Minden, Nevada 89423			
TRADE CALL	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) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
CERTIFIER	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 JEFFREY BASA 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) December 30, 2020		21c. HOUR OF DEATH 11:37		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706		23b. LICENSE NUMBER 8079		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Malignant Neoplasm Of Pancreas		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) Unknown Etiology		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) 		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) 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		28h. 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:

2/19/2021

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

Janey Shupert
STATE REGISTRAR

