DOUGLAS COUNTY, NV

2022-980805 02/04/2022 03:57 PM

Pgs=5

Rec:\$40.00 Total:\$40.00 GERALD A. BROWN



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

APN: 1220-22-210-066

Recording requested by:	)
Gerald Anthony Brown	)
956 Bar J Road	Ś
Gardnerville, NV 89410	Ć
	)
When recorded mail to:	)
Gerald Anthony Brown	)
956 Bar J Road	)
Gardnerville, NV 89410	)
	)
Mail tax statement to:	)
Gerald Anthony Brown	)
956 Bar J Road	)
Gardnerville, NV 89410	)

# AFFIDAVIT – DEATH OF GRANTOR

I, GERALD ANTHONY BROWN, of legal age, being first duly sworn, declare under penalty of perjury that:

PATRICIA ELLEN BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PATRICIA E. BROWN, named as one of the grantors in the Deed Upon Death recorded on July 15, 2011, as Document No. 0786439, in Book 0711, at page 2735, records of Douglas County, Nevada, covering real property commonly known 843 Bluerock Road, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

LOT 693 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY. NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS DOCUMENT NO. 66512, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

PATRICIA ELLEN BROWN died on June 5, 2020.

GERALD VINCENT BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GERLAD V. BROWN, named as one of the grantors in the Deed Upon Death recorded on July 15, 2011, as Document No. 0786439, in Book 0711, at page 2735, records of Douglas County, Nevada, covering real property commonly known 843 Bluerock Road, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

LOT 693 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY. NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS DOCUMENT NO. 66512, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

GERALD VINCENT BROWN died on October 10, 2021.

GERALD ANTHONY BROWN is one of the beneficiaries to whom the real property is conveyed upon the death of GERALD VINCENT BROWN.

The beneficiaries listed in the Deed Upon Death are: GERALD A. BROWN, a married man as his sole and separate property, and JEFFREY A. BROWN, a married man as his sole and separate property, as joint tenants with right of survivorship.

Executed on this January 27, 2022, in Douglas County, State of Nevada.

GERALD ANTHONY BROWN

STATE OF NEVADA

**COUNTY OF Douglas** 

Signed and sworn to (or affirmed) before me on this January 27, 2022, by GERALD ANTHONY

BROWN.

THOMAS RUSSELL VANDER LAAN Notary Public-State of Nevada APPT. NO. 14-15458-5 My Appt. Expires 12-02-2022

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.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS** 

	E NO	4440462		CEI	RTIFICATE	OE D	EATU		_		\			
TYPE OR					THEICATE	OF D	CAIN			2020011872 STATE FILE NUMBER				
PRINT IN	1a DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)							2 DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF DEATH						
PERMANENT	Patricia Ellen BROWN						J.	une 05, 202	20	\				
BLACK INK	3b. CITY	36 CITY, TOWN, OR LOCATION OF DEATH 30 HOSPIT			THER INSTITUTION	-Name(If	not either, giv	e street ar 3	If Hosp. or In	st indicate DO	Douglas  DOA,OP/Emer Rm 4 SEX			
DECEDENT		Gardnerville number)			ardnerville Hea	· - · · - · · -			patient(Specify	Inpatie	nt \	ľ	Female	
	5 RACE	(Specify)	F-11-		Origin? Specify Non-Hispanic	7a AGE (Years)	-Last birthda	76 UNDER	1 YEAR 7c L	JNDER 1 DAY	AY 8 DATE OF BIRTH (Mo/Day/Yr)			
	0.074		/hite		•	Ι΄ ΄	77	January 16.						
IF DEATH OCCURRED IN INSTITUTION SEE	name co	TE OF BIRTH (If not US	ACA, 195 CITIZI	EN OF WHAT CO	OUNTRY 10 EDUCA	Marital Stati	us (Specify) 12. SURVIVING SPOUSE'S NAME (Last name pnor to first marriage) Gerald Vincent BROWN							
HANDBOOK REGARDING	name country) Massachusetts United States 12 Married 13 SOCIAL SECURITY NUMBER 14a USUAL OCCUPATION (Give Kind of Work Done During Most of							14b KIND OF BUSINESS OR INDUSTRY Ever in US Armed						
COMPLETION OF RESIDENCE	-8800 SECRETARY							MEDICAL Forces? No						
ITEMS	15a RESIDENCE - STATE 15b COUNTY 15c CITY, TOWN OR LOCATION 15d STREET AND I							LIMITS (Specify Yes						
>	16 FATE	Nevada HER/PARENT - NAME	Dough		Gardnen			Lassen			- 1	or No)	Yes	
PARENTS	10.7 Km		Walter NIED		,	1	MOTHERA	PARENT - NA	76.	ddle Last Si KNOWLE	•	The same of	The same of	
	18a INF	ORMANT- NAME (Type			18b MAILING AD	DRESS	(Street or R	FD No. City	or Town, Stat					
			cent BROWN			/	757 Lass	76.	16.7	, Nevada 8	9460	,	<b>N</b>	
DISPOSITION	19a BUF	RIAL, CREMATION, RE		Specify) 19b CEN					190	LOCATION	City or T	own Sta	te 💮	
DICT COLLICIT	FION Cremation Walton's Sierra Crematory Carson City Nevada 89706  20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b FUNERAL DIRECTOF 20c NAME AND ADDRESS OF FACILITY								706					
	200 101	CARLE	IN THOMAS	son Acting as Suc	LICENSE NU					CILITY Cremations	-Chanel	of the \/a	llov	
			URE AUTHENTE	CATED	FD	361	7		1281 N Roop	Carson Ci	ity NV 8	9706	ПСУ	
TRADE CALL		CALL - NAME AND ADD				1	1	/						
	125 %	1a To the best of my kn the cause(s) stated (Si	owledge, death occ gnature & Title)	curred at the time, SIGNATUR	date and place and E AUTHENTICAT	en le't		basis of exam	ination and/or in	nvestigation, in cause(s) stated	my opinion o	eath occurre	ed	
00000000	oleted PHYSIC		ICARDO ÁLI	MAGUER M	D. The state of th	efe	5	- 6						
CERTIFIER	IER    Signature & Title)   SIGNATURE AND HENTICATED   SIGNATURE AND HENTIC							fo/Day/Yr)	22c HOUR OF DEATH					
	© 11d NAME OF ATTENDING DUNGGIANUS OTHER THAN GERTINED							CED DEAD	AT (Hour)					
		Type or Print)	/ /		The same of the sa	Ph.		N	The same of the sa	ľ		020 0210	7(1 (1104))	
	23a. NAN	ME AND ADDRESS OF	CERTIFIER (PHYS	SICIAN, ATTENDI	NG PHYSICIAN, ME <mark>Medical Parkw</mark> a	DICAL EX	AMINER, OR	CORONER	(Type or Pnnt	) 2	3b LICENS	E NUMBER		
REGISTRAR	24a REC	GISTRAR (Signature)		LEY T STO			TE RECEIVE		TRAR I	24c DEATH D	UE TO COM	925	E DISEASE	
REGISTRAK			_	E AUTHENTIC		(Mo/Day	MA	une 10, 20	3. 7	YES		NO X	L DIOLAGE	
CAUSE OF		EDIATE CAUSE	(ENTER ONLY C	ONE CAUSE PER	L'NE FOR (a), (b), /	AND (c) )					Interval b	etween onse	et and death	
DEATH	PARTI	<u> </u>	lmonary Arr											
CONDITIONS IF		Dulmona	S A CONSEQUENT	CE OF		)					Interval b	etween onse	et and death	
ANY WHICH GAVE RISE TO	/2		S A CONSEQUEN	CE OF										
IMMEDIATE		Brain He	morrhage	CE OF		/	/			}	Interval b	etween onse	et and death	
STATING THE > UNDERLYING CAUSE LAST		DUE TO, OR A	S A CONSEQUENC	CE OF.	<del></del> -	/	_/		<del>- · · · · · · · · · · · · · · · · · · ·</del>		Interval b	etween onse	et and death	
CAUGE LAST	1	Yugerten (d)	7%	The state of the s						! !			30001	
/ /	PART II	OTHER SIGNIFICANT	CONDITIONS-Con	ditions contributir	ig to death but not re	sulting in t	he underlying	cause given	ın Part 1	26 AUTO	PSY (Specif	27 WAS CAS	E CORCUE	
/ /	20- 125	OUIOIDE LIE		The Real Property lies and the Personal Property lies and the		and the same of				Yes or No	No No	(Specify Yes	FO CORONER OF No.)	
	OR PENDI	, SUICIDE, HOM , UNDET ING INVEST. (Specify)	28b DATE OF INJUI	RY (Mo/Day/Yr)	28c HOUR OF INJ	URY 2	d DESCRIBE	HOW INJURY	CCURRED					





28e INJURY AT WORK (Specify

CERTIFIED COPY OF VITAL RECORDS

28g LOCATION

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.  $2/2/2022\,$ 

28f PLACE OF INJURY- At home, farm street, factory, office building, etc. (Specify)

DATE ISSUED:

STATE REGISTRAR

STREET OR R F D No

CITY OR TOWN

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

STATE



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

CASE FILE NO. 4242876

## **CERTIFICATE OF DEATH**

2021026679

TYPE OR		<del></del>						S	TATE FILE	NUMBER			
3110141114	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)					2. DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF DEATH							
BLACK INK	Gerald \		BROWN	October 10	10, 2021 Carson City								
(P)	3b CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street a							eet an 3e If Hosp or Inst. indicate DOA, OP/Emer Rm					
ECEDENT	Carson City Carson Taboe Regional Medical Contor									Male			
S COLDEN	5 RACE (Specify)  White  6 Hispanic Origin? Specify No - Non-Hispanic (Years)  7a AGE-Last birthday 7b UNDER 1 YEAR 7c UNDER 1 DAY HOURS MINS April 14,									H (Mo/Day/Yr)			
960										1			
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA. 9b. CITIZEN OF WHAT COUNTRY 10 FOLICATION 11. MARITAL STATUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name oncy to further												
STITUTION SEE	Wassachusetts United States 12												
REGARDING COMPLETION OF	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in									n US Armed			
RESIDENCE TEMS	-2865 Iron Worker CONSTRUCTION Forces?												
e ilema	15a. RESIDENCE - STATE 15	56 COUNTY		Y, TOWN OR LO		STREE	T AND NUMBER	The second name of		LIMIT	NSIDE CITY S (Specify Yes		
<u> </u>	Nevada L	Douglas		<u>Gardnervi</u>			ssen Way		The second second	or No)	Yes		
PARENTS	16 FATHER/PARENT - NAME (F				17 MOTHE	R/PARE	ENT - NAME (Fir			The state of the s			
	18a INFORMANT- NAME (Type o	Vincent BRO						erine Wh	HELAN	7	1		
		ony BROWN	186	MAILING ADD			No, City or Town,				. \		
(8) 2)	19a BURIAL, CREMATION, REM		W 19h CEMETE	BY OR CREMAT	930 B	ar-J R	oad Gardner						
SPOSITION	Crematio		is,		Paloma Reno	)	1 1	19c. LOCAT		or Town 5 vada 895	State		
387	20a FUNERAL DIRECTOR - SIGI	NATURE (Or Person .	Acting as Such)	20b FUNERAL	DIRECTOE 20c	NAME A	AND ADDRESS O	E EACHITY	TOTO NE	vaua 695	11 -		
3.5		N OLSON	,	LICENSE NUM		10 01127	INO TO DENEGO O	La Paloma	a Reno				
7 7 7		RE AUTHENTICA	TED	FD77	9		5301 Longley	Lane Suite E	-180 Ren	NV 89	511		
ADE CALL	TRADE CALL - NAME AND ADDR				/ /	1							
3 3 3	21a To the best of my know	ature & Title)	SIGNATURE AU	THENTICATE		n the basi me, date	s of examination an and place and due t	d/or investigation of the cause(s)	on, ın myopinu stated. (Signa	on death occu ture & Title)	rred		
ERTIFIER	R POST INTERIOR SIGNATURE AUTHENTICATED DWARAKANATH VUPPALAPATI MD  21b DATE SIGNED (Mo/Day/Yr) October 22, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22c DATE SIGNED (Mo/Day/Yr) 22d PRONOUNCED DEAD AT (Hd  22d PRONOUNCED DEAD (Mo/Day/Yr) 22d PRONOUNCED DEAD AT (Hd												
Tower T	October 22, 2021 01:20												
	21d. NAME OF ATTENDIN 인명 (Type or Print)	G PHYSICIAN IF OT	HER THAN CERTI	FIER	80 0 22d I	PRONOL	UNCED DEAD (M	o/Day/Yr)	22e PRONC	UNCED DE	AD AT (Hour)		
á s	CO. NAME AND ADDRESS OF OFFICE AND ADDRESS OFFICE AND ADDRESS OF OFFICE AND ADDRESS OF OFFICE AND ADDRESS OF O												
9	Dwarak	anath Vuppala	pati MD 1080	N Minnesot	a St Carson C	itv. N\	NONER) (1999 or ✓ 89706	Print)	236 LIC	ENSE NUMB 10804			
EGISTRAR	24a. REGISTRAR (Signature)		GRISSOM		24b DATE RECE			24c DEAT	TH DUE TO (		ABLE DISEASE		
			UTHENTICATE	D .		Octobe	er 27, 2021		YES 🗌	NO [	$\overline{x}$		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE	FOR (a), (b), AN	ID (c) )				Interv	al between o	nset and death		
DEATH		Of Alzheime		Behavior	al Disturba	nces			!				
200		A CONSEQUENCE	OF.		1		•		interv	al between o	nset and death		
ONDITIONS IF	100	I Infarction				L			i		1		
IMMEDIATE	DUE TO, OR AS Unknown	A CONSEQUENCE	OF		/ /				Interv	al between o	nset and death		
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CAUSE LAST		A CONSEQUENCE	JF ***	-					Interv	al between c	nset and death		
š /	(d)	ONDITIONS Condition					<del></del>	<del> ,</del> .	<u>    i                                </u>				
š / /	PART II OTHER SIGNIFICANT C	ONDITIONS-Condition	one contributing to o	eath but not resi	ulting in the under	lying cau	use given in Part 1		.UTOPSY (Sp or No)	ecil 27 WAS (	CASE ED TO CORONER		
ij	288 ACC. SUICIDE HOM LINDET	286 DATE OF INJURY (	Mo/Day(Yr) In	8c HOUR OF INJU	ov lass press	UDE L'OU	/ INJURY OCCURRE	1	No.	(Specify	ED TO CORONER Yes of No)		
ender de la constante de la co	28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)	DATE OF MOON!	2	SE HOUR OF INJU	ZOU DESCH	UDE HOW	INJURY OCCURRE	ט					
<i>*</i>													
	28e INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJU puilding, etc. (Specify	RY- At home, farm,	street, factory, o	office 28g. LOC/	ATION	STREET OR	R F,D No.	CITY OR T	OWN	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:

11/9/2021

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STATE OF NEVADA	
DECLARATION OF VALUE	
<ol> <li>Assessor Parcel Number(s)</li> <li>a) 1270 - 27 - 210 - 066</li> </ol>	^
b)	\ \
c)	\ \
d)	\ \
	\ \
2. Type of Property:	\ \
a) Vacant Land b) Single Fam. Res.	~ \_\_
c) Condo/Twnhse d) 2-4 Plex	FOR RECORDERS OPTIONAL USE ONLY
e) Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE
->	DATE OF RECORDING:
g) Agricultural h) Mobile Home	NOTES:
i)	
3. Total Value/Sales Price of Property:	\$
Deed in Lieu of Foreclosure Only (value of property)	
Transfer Tax Value:	\$
Real Property Transfer Tax Due:	\$
4. If Exemption Claimed:	/2
a. Transfer Tax Exemption per NRS 375.090, Sec	tion #
b. Explain Reason for Exemption: 7 Must Rep DRC 0786439	TO JAM DATH TO CHILDREN
Kar VIC 0 706731	
5. Partial Interest: Percentage being transferred:	%
	\ \ \
The undersigned declares and acknowledges, under per	alty of perjury, pursuant to NRS 375.060 and NRS
375.110, that the information provided is correct to the	best of their information and belief, and can be
supported by documentation if called upon to substantia	ate the information provided herein. Furthermore, the
parties agree that disallowance of any claimed exemption	
result in a penalty of 10% of the tax due plus interest at	1% per month.
\	
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly	y and severally liable for any additional amount owed.
(2)	Capacity_GRANTEE
Signature	Capacity Stephen Technology
	4 /
Signature	Capacity
CHILL SER (CE ANTECE) E TOOP (ATTION)	DUNCED (OD ANTECE) DIEODA(ATION
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
Print Name CORALD BROWN FATRICIA BROWN	int Name: BRAY FROWN
Address: 757 LASSON WAY A	ddress: 956 BAR I ROAN
	ty: GALDUITCHILE
	ate: $\mu\nu$ Zip: 89410
State: <u>HV</u> Zip: 87460 St	ate. No Zip. O /- (10
COMPANY/PERSON REQUESTING RECORDING	
(required if not the seller or buyer)	
	Escrow #
Address:	
City: State:	Zip:
(AS A PUBLIC RECORD THIS FORM MA	
\	,