

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



KAREN ELLISON, RECORDER E10

Natalia K. Vander Laan, Esq.

**APN: 1220-22-110-039**

**Recording requested by:** )  
Gerald Anthony Brown )  
956 Bar J Road )  
Gardnerville, NV 89410 )

**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. 0786438, in Book 0711, at page 2733, records of Douglas County, Nevada, covering real property commonly known 757 Lassen Way, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

Lot 36, AS SHOWN BY MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON NOVEMBER 4, 1970, IN BOOK 80, PAGE 675, AS DOCUMENT NO. 50056.

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. 0786438, in Book 0711, at page 2733, records of Douglas County, Nevada, covering real property commonly known 757 Lassen Way, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

Lot 36, AS SHOWN BY MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON NOVEMBER 4, 1970, IN BOOK 80, PAGE 675, AS DOCUMENT NO. 50056.

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.

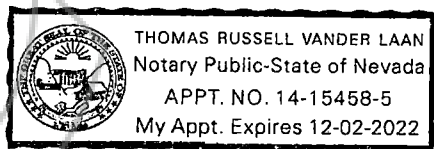
The beneficiaries listed in the Deed Upon Death are: GERALD A. BROWN, a married man as his sole and separate property, and JEFFREY A. BROWN, a married man as his sole and separate property, as joint tenants with right of survivorship.

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

  
GERALD ANTHONY BROWN

STATE OF NEVADA            )  
  ): ss  
COUNTY OF Douglas        )

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



  
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. 4149163

**CERTIFICATE OF DEATH**

2020011872  
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>Patricia Ellen BROWN</b>		2 DATE OF DEATH (Mo/Day/Year) <b>June 05, 2020</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Gardnerville Health &amp; Rehab</b>		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient (Specify) <b>Inpatient</b>	
4 SEX <b>Female</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>77</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>January 16, 1943</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Massachusetts</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gerald Vincent BROWN</b>	
13 SOCIAL SECURITY NUMBER <b>8800</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>SECRETARY</b>		14b KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</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>757 Lassen Way</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Walter NIEDZWICKI</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen KNOWLES</b>		
18a INFORMANT - NAME (Type or Print) <b>Gerald Vincent BROWN</b>		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>757 Lassen Way Gardnerville, Nevada 89460</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 THOMAS</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Creations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>RICARDO ALMAGUER MD</b> <b>SIGNATURE AUTHENTICATED</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>June 10, 2020</b>		21c HOUR OF DEATH <b>06:23</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)		22e PRONOUNCED DEAD AT (Hour)	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703</b>				23b LICENSE NUMBER <b>925</b>	
24a REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 10, 2020</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> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Pulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Brain Hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF. (d) <b>Hypertension</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				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	



**CERTIFIED COPY OF VITAL RECORDS**

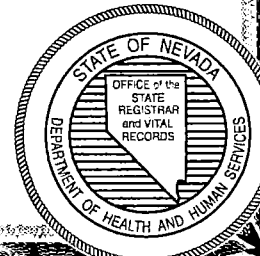
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

2/2/2022

DATE ISSUED:

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**



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

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

CASE FILE NO. 4242876

**CERTIFICATE OF DEATH**

**2021026679**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gerald Vincent BROWN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 10, 2021</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 and number) <b>Carson Tahoe Regional Medical Center</b>	3e. If Hosp or Inst. indicate DOA, OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	4. SEX <b>Male</b>

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

5. RACE (Specify) <b>White</b>	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>82</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 14, 1939</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Massachusetts</b>	9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	

PARENTS

13. SOCIAL SECURITY NUMBER <b>██████████-2865</b>	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)	14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	Ever in US Armed Forces? <b>No</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>757 Lassen Way</b>

POSITION

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vincent BROWN</b>	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Catherine WHELAN</b>
18a. INFORMANT- NAME (Type or Print) <b>Gerald Anthony BROWN</b>	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>956 Bar-J Road Gardnerville, Nevada 89410</b>

TRADE CALL

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>	19c. LOCATION City or Town State <b>Reno Nevada 89511</b>
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED	20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD779</b>	20c. NAME AND ADDRESS OF FACILITY <b>La Paloma Reno</b> <b>5301 Longley Lane Suite E-180 Reno NV 89511</b>

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) <b>DWARAKANATH VUPPALAPATI MD</b> 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) <b>October 22, 2021</b>	21c. HOUR OF DEATH <b>01:20</b>	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dwarakanath Vuppapalati MD 1080 N Minnesota St Carson City, NV 89706</b>	23b. LICENSE NUMBER <b>10804</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 27, 2021</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	Interval between onset and death
(a) <b>Dementia Of Alzheimer's type With Behavioral Disturbances</b>	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b) <b>Myocardial Infarction</b>	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c) <b>Unknown Etiology</b>	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(d)	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			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



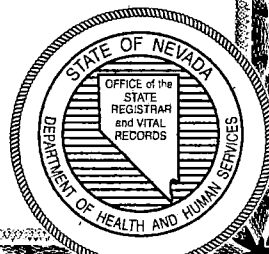
**CERTIFIED COPY OF VITAL RECORDS**

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**

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

*Daran Grissom*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1220-22-110-039  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:  
 a)  Vacant Land    b)  Single Fam. Res.  
 c)  Condo/Twnhse    d)  2-4 Plex  
 e)  Apt. Bldg    f)  Comm'/Ind'l  
 g)  Agricultural    h)  Mobile Home  
 i)  Other \_\_\_\_\_

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

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:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 10  
 b. Explain Reason for Exemption: TRUSTEE FOR JUDICIAL DEATH TO CHILDREN  
REF DOC # 0786438

5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %

The undersigned declares and acknowledges, under penalty 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 substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may 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 and severally liable for any additional amount owed.

Signature \_\_\_\_\_ Capacity GRANTEE

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: <u>GERALD BROWN PATRICIA BROWN</u>	Print Name: <u>GERALD BROWN</u>
Address: <u>757 LASSEN WAY</u>	Address: <u>956 BALT J ROAD</u>
City: <u>GARDNERVILLE</u>	City: <u>GARDNERVILLE</u>
State: <u>NV</u> Zip: <u>89460</u>	State: <u>NV</u> Zip: <u>89410</u>

COMPANY/PERSON REQUESTING RECORDING  
 (required if not the seller or buyer)  
 Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_