




Dated: March 17, 2022.

*Patricia L. Brawley*  
\_\_\_\_\_  
PATRICIA L. BRAWLEY

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

On March 17, 2022, before me, a Notary Public, personally appeared PATRICIA L. BRAWLEY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

*Michelle Andra Gibbons*  
\_\_\_\_\_  
Notary Public

 MICHELLE ANDRA GIBBONS  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 21-1975-05 - Expires January 4, 2025

APN: 1420-19-101-018

**EXHIBIT "A"  
LEGAL DESCRIPTION**

The East 117 feet of the following described parcel of real property:

Being a portion of the North half of Lot 1 of the Northwest quarter (Northeast quarter of the Northwest quarter) of Section 19, Township 14 North, Range 20 East, M. D. B. & M., more particularly described as follows:

Beginning at the Northwest corner of the North half of Lot 1 of the Northwest quarter of Section 19, Township 14 North, Range 20 East, M. D. B. & M., said point being marked by an iron pipe; thence South  $0^{\circ}11'$  East 332.80 feet to the Point of Beginning; thence continuing South  $0^{\circ}11'$  East a distance of 375.49 feet to a point; thence East 291.51 feet to a point; thence North  $0^{\circ}11'$  West a distance of 373.49 feet to a point; thence West 291.51 feet to the Point of Beginning.

COPY

**EXHIBIT 1**

APN: 1420-19-101-018

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*Certified Copy of Certificate of Death, State of California, Michael L. Brawley, Deceased*

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# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH

3052021092071

CERTIFICATE OF DEATH

3202134003404

STATE FILE NUMBER		STATE OF CALIFORNIA USE EACH NUMBER FOR EACH VITAL RECORD		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
MICHAEL		LAURI		BRAWLEY	
4.3. LAST KNOWN ADDRESS - STREET OR RAILROAD (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH (MM/DD/YYYY)		5. AGE AT DEATH (YEARS, MONTHS, DAYS)	
		11/22/1945		75	
6. BIRTH STATE/FOREIGN COUNTRY		13. SOCIAL SECURITY NUMBER		11. EITHER IN U.S. ARRIVED FORECAST	
CA		-4121		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. USUAL OCCUPATION - Type of work for most of the 60 MONTHS PREVIOUS TO DEATH		18. DECEASED'S RACE		12. DATE OF DEATH (MM/DD/YYYY)	
STATE EMS REPRESENTATIVE		CAUCASIAN		03/19/2021	
8. DECEASED'S RESIDENCE (Street and number or location)		19. YEARS IN OCCUPATION		10. HOUR (24 HOUR)	
943 POWERS AVE		10		0833	
9. CITY		17. COUNTY/PROVINCE		23. ZIP CODE	
MINDEN		DOUGLAS		89423	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
-		CA			
26. INFORMANT'S NAME - RELATIONSHIP		27. INFORMANT'S HOME ADDRESS (Street and number or location, street name, city)			
JOHN BRAWLEY, SON		3669 CHEROKEE DRIVE, CARSON CITY, NV 89705			
28. NAME OF SPOUSE (FIRST, MIDDLE, LAST)		29. MIDDLE		30. LAST BIRTH NAME	
PATRICIA		LYNNE		PARNELL	
31. NAME OF FATHER (FIRST, MIDDLE, LAST)		32. MIDDLE		33. LAST BIRTH STATE	
JOHN		BERNARD		CO	
34. NAME OF MOTHER (FIRST, MIDDLE, LAST)		35. MIDDLE		36. LAST BIRTH STATE	
MUISTO		ORVIKKI		MT	
38. DISPOSITION DATE (MM/DD/YYYY)		42. PLACE OF FINAL DISPOSITION (RES. PATRICIA BRAWLEY)			
04/06/2021		943 POWERS AVE, MINDEN, NV 89423			
41. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED		-	
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. DATE (MM/DD/YYYY)	
EVERGREEN MEMORIAL		FD 1740		04/01/2021	
48. SIGNATURE OF LOCAL REGISTRAR		49. SIGNATURE OF LOCAL REGISTRAR			
		OLIVIA KASIRYE, MD			
10. PLACE OF DEATH		102. IF HOSPITAL SPECIFY ONE		103. IF OTHER THAN HOSPITAL SPECIFY ONE	
UC DAVIS MEDICAL CENTER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
104. CITY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
SACRAMENTO		2315 STOCKTON BLVD. SACRAMENTO			
107. CAUSE OF DEATH		108. DEATH REPORTED TO JURISDICTION		109. DEATH REPORTED TO JURISDICTION	
ACUTE MYELOGENOUS LEUKEMIA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21-02504	
CHRONIC LYMPHOCYTIC LEUKEMIA		110. BODY PERFORMED		111. AUTOPSY PERFORMED	
1 OF 2		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF ANY)		113. FEMALE PREGNANT (LAST TRIM)			
GRAFT VERSUS HOST DISEASE, CYTOMEGALOVIRUS COLITIS, ADULT FAILURE TO THRIVE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
114. SURGERY PERFORMED FOR ANY CONDITION (ITEM 107) IN 12 MONTHS PREVIOUS TO DEATH		115. SIGNATURE AND TITLE OF CERTIFIER			
08/20/2020: ALLOGENIC BONE MARROW TRANSPLANT		POURIA KASHKOULI, M.D.			
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED		117. LICENSE NUMBER		118. DATE (MM/DD/YYYY)	
		A92888		03/23/2021	
119. SIGNATURE AND TITLE OF PHYSICIAN		120. TYPE OF DEATH (IF OTHER THAN HOSPITAL SPECIFY ONE)			
POURIA KASHKOULI, M.D.		NATURAL CAUSE			
121. SIGNATURE OF CORONER/DEPUTY CORONER		122. DATE (MM/DD/YYYY)		123. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
124. PLACE OF INJURY (If 123. normal completion rate, address, street, city)		125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
126. LOCAL CAUSE OF INJURY (Street and number or location and city and zip)		127. SIGNATURE OF CORONER/DEPUTY CORONER			
128. SIGNATURE OF CORONER/DEPUTY CORONER		129. DATE (MM/DD/YYYY)		130. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH #		CENSUS TRACT	
A B C D E					



This is to certify that this document is a true copy of the official record filed with Vital Records

DATE ISSUED  
**AUG 26 2021**

JAMES GREENE MD MS  
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar  
CACDPH -- 01

*Dana E. Moore*  
DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH

3052021092071

### AFFIDAVIT TO AMEND A RECORD

3202134003404

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

LOCAL REGISTRATION NUMBER

BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

### PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON CURRENT RECORD	1A NAME—FIRST Michael	1B MIDDLE Lauri	1C LAST Brawley	
	2 SEX M	3 DATE OF EVENT—MM/DD/CCYY 03/19/2021	4 CITY OF EVENT Sacramento	5 COUNTY OF EVENT Sacramento
	6 FULL NAME OF PARENT AS STATED ON CURRENT RECORD John Bernard Brawley		7 FULL NAME OF PARENT AS STATED ON CURRENT RECORD Muisto Orvikki Koski	

### PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8 ITEM NUMBER TO BE CORRECTED	9 INCORRECT INFORMATION THAT APPEARS ON CURRENT RECORD	10 CORRECTED INFORMATION AS IT SHOULD APPEAR
25	CA	NV
2 OF 2		

11 Incorrect state listed for deceased's residence

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A SIGNATURE OF FIRST PERSON <i>Patricia Brawley</i>	12B PRINTED NAME Patricia Brawley	12C TITLE/RELATIONSHIP TO PERSON IN PART I wife
	12D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 943 Powers Ave, Minden, NV 89423	12E DATE SIGNED—MM/DD/CCYY 6/22/21	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH OR FETAL DEATH RECORD	13A SIGNATURE OF SECOND PERSON <i>John Brawley</i>	13B PRINTED NAME John Brawley	13C TITLE/RELATIONSHIP TO PERSON IN PART I son
	13D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 3669 Cherokee Dr, Greensboro, NC 27405	13E DATE SIGNED—MM/DD/CCYY 6/22/21	

STATE/LOCAL REGISTRAR USE ONLY	14 CDPH - VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15 DATE ACCEPTED FOR REGISTRATION 08/02/2021
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH - VITAL RECORDS

FORM VS 24 (REV. 04/20)



VS24-S1 112018



DC202100000526

This is to certify that this document is a true copy of the official record filed with Vital Records

DATE ISSUED

*James Greene*  
 JAMES GREENE MD MS  
 STATE REGISTRAR OF VITAL RECORDS

AUG 26 2021

*Dana E. Moore*  
 DANA E. MOORE, MPH, CPH  
 STATE REGISTRAR OF VITAL RECORDS



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