



KAREN ELLISON, RECORDER

APN: 1220-12-310-044  
Return document to:  
NICHOLAS BROWN  
1067 ARROYO DRIVE  
GARDNERVILLE NV  
89410

Mail tax statements to:  
NICHOLAS BROWN  
1067 ARROYO DRIVE  
GARDNERVILLE NV  
89410

STATE OF NEVADA \_\_\_\_\_ )  
COUNTY OF DOUGLAS \_\_\_\_\_ )

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
Under NRS 111.365

THE AFFIANT, NICHOLAS E BROWN \_\_\_\_\_, being first duly  
sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That BRADFORD THOMAS BROWN \_\_\_\_\_, the decedent mentioned in  
the attached certified Certificate of Death, who died April 26 2022  
in CARSON CITY \_\_\_\_\_, is the same person as  
BRADFORD BROWN
3. That the affiant and the decedent were both grantees in that certain  
DEED OF TITLE deed dated MARCH 30 2021 \_\_\_\_\_, recorded  
Sept 28 2021 \_\_\_\_\_, as document or file number 21 \_\_\_\_\_, book  
9 \_\_\_\_\_, at page 0 \_\_\_\_\_, records of DOUGLAS  
County, Nevada, and executed by the grantor, NICHOLAS E &  
BRADFORD BROWN  
to the grantee(s), NICHOLAS E BROWN  
as SEE EXHIBIT A \_\_\_\_\_, covering the real property  
commonly known as 1067 ARROYO DRIVE \_\_\_\_\_, City of  
GARDNERVILLE, County of DOUGLAS \_\_\_\_\_, State of Nevada, more  
particularly described as:  
LOT 49 OF PINENUT SUB #1 ACCORDING TO ASSESSOR DATA  
INQUIRY THEREOF, FILED IN THE OFFICE OF THE COUNTY  
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON  
SEPTEMBER 28 2021, VESTING DOC NUMBER 974681.

4. That the relationship between the affiant and the decedent was that of:  
PARENT-CHILD

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT  
SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY  
NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525  
AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of Nevada that the  
foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this 21 day of July, 2022.

N. Brown

Affiant  
NICHOLAS E BROWN  
Print name

*Construe all terms with the appropriate gender and quantity  
required by the sense of this instrument.*

Subscribed and sworn to on this 21<sup>st</sup> day of JULY, in the year  
2022 before me, Amber Coen,  
by Nicholas E. Brown.

Amber Coen

Notary Public  
Amber Coen  
Print name

My commission expires: 09-10-2023

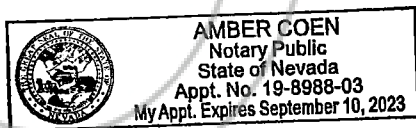


Exhibit A  
JOINT TENANTS WITH RIGHT OF SURVIVORSHIP



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

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

CASE FILE NO. 4280599

**CERTIFICATE OF DEATH**

2022010841  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Bradford Thomas BROWN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 26, 2022</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 or number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or inst. indicate DOA, OPI/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>67</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		4. SEX <b>Male</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Oregon</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-8402</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Safety Building Inspector		14b. KIND OF BUSINESS OR INDUSTRY <b>State of California</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>1067 Arroyo Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 01, 1954</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul BROWN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara ECKERSALL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Nicholas BROWN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1067 Arroyo Drive 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>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</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>JOSHUA S TARTAKOFF DO</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>May 01, 2022</b>		21c. HOUR OF DEATH <b>19:59</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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>Joshua S Tartakoff DO 1664 N Virginia St Reno, NV 89557</b>			
23b. LICENSE NUMBER <b>DO2736</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 02, 2022</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	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Gastrointestinal Bleeding</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Pancytopenia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Gastric Adenocarcinoma</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. <b>Esophageal Varices, Cirrhosis, Acute Renal Failure, Portal Vein Thrombosis, Severe Protein Calorie Malnutrition, Unkown Etiology</b>				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	

PARENTS

DISPOSITION

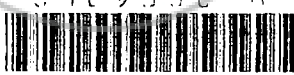
TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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



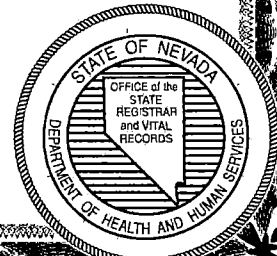
CERTIFIED COPY OF VITAL RECORDS

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: 5/4/2022

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

*Janey Stuyck*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE