

APN# 37-452-11 (1022-15-001-140)



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Adler & Villanueva, LLC
Address: 111 W. Telegraph St,#200
City/State/Zip: Carson City, NV 89703

Mail Tax Statements to:

Name: Iva B. Brown
Address: 3848 Sapphire Rd.
City/State/Zip: Wellington, NV 89444

AFFIDAVIT SURVIVING JOINT TENANCY

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Iva B. Brown

Signature

Iva B. Brown

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

A.P.N.:37-452-11

WHEN RECORDED MAIL TO:

Ernest E. Adler, Esq.
Silvia U. Villanueva, Esq.
ADLER & VILLANUEVA
111 W. Telegraph Street, Suite 200
Carson City, Nevada 89703

MAIL TAX STATEMENTS TO:

Iva B. Brown
3848 Sapphire Road
Wellington, NV 89444

AFFIDAVIT OF SURVIVING JOINT TENANCY

STATE OF NEVADA)
 ss.
CARSON CITY)

I, Iva B. Brown, do hereby swear under perjury that the assertions of this affidavit are true and declare the following:

1. Iva B. Brown, is the surviving tenant.
2. William H. Brown, the decedent described in the attached certified copy of the Certificate of Death, is the same person as William H. Brown, who is named as one of the parties in the deed dated May 8, 1990, executed by John L. Caskey and Burnett Caskey, husband and wife to William H. Brown and the undersigned, husband and wife, as joint tenants, recorded on May 16, 1990, File No. 226082, of the Official Records of Douglas County, Nevada, covering the property described as follows:

Lot 11, in Block I, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

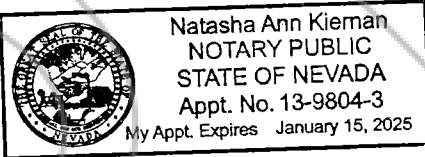
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

3. At the time of death of William H. Brown, title to the real property described in paragraph 2 above continued to be held by William H. Brown and Iva B. Brown, husband and wife, as joint tenants. As a result of the death of William H. Brown, the joint tenancy form of title, the real property described in paragraph 2 above is now owned by Iva B. Brown, surviving joint tenant.

Dated this 26th day of July, 2022.

Iva B. Brown
Iva B. Brown, Surviving Joint Tenant

SUBSCRIBED and SWORN (or affirmed) to before me by Iva B. Brown, Surviving Joint Tenant this 26th day of July, 2022.



Natasha Ann Kieman
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE PRINT IN ANIENT CK INK
IDENT
DEATH CURR IN TITUTION HANDBOOK BOARDING PLETON OF RENCE ITEMS
MENTS
OSITION
RTIFIER
DITIONS F ANY CH GAVE SE TO EDIATE CAUSE TING THE ERLYING SE LAST
USE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. William Harrol BROWN			2. March 31, 2004		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Wellington		3c. 3848 Sapphire Rd.		3e. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		7a. 77	8. July 22, 1926
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Oklahoma		9b. U.S.A.		10. 8 Years	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. 0926		14a. Supervisor		11. Married	
RESIDENCE—STATE		COUNTY		SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		15b. Douglas		12. Iva B. Williams	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		KIND OF BUSINESS OR INDUSTRY	
16. John Brown		17. Minnie Stacy		14b. Air Craft Industry	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Iva Bernice Brown - Wife			18b. 3848 Sapphire Rd. Wellington, NV 89444		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Removal/Burial		19b. Glen Abbey Memorial Park		19c. Bonita, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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) and manner stated.		
(Signature and Title)			(Signature and Title)		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
21b. _____			22b. 4-2-04		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. _____			22c. 1345		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			PRONOUNCED DEAD (Hour)		
23a. J.B. Booth, Deputy/Coroner, P.O. Box 218, Minden, NV 89423			22d. ON 3-31-04		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <i>[Signature]</i>			24b. April 5, 2004		24c. 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) Atherosclerotic Cardio Vascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
PART II (b) Prior Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. No			27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. _____		28b. _____		28c. _____	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. _____		28f. _____		28g. _____	

STATE REGISTRAR

No. 264134

05876

CERTIFIED COPY OF VITAL RECORDS

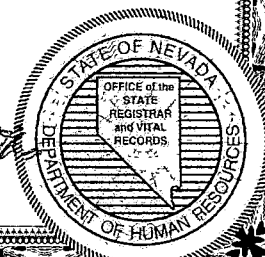
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 05 2004

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