

APNs: 001-096-05; 001-096-07

**Recording Requested by and When
Recorded Mail to:**

Joel W. Locke, Esq.
P.O. Box 646
Carson City, NV 89702

Mail Tax Statements to:

Jacob Brown
2040 Eastlake Blvd.
Washoe Valley, NV 89704

The party requesting recording of this document
hereby affirms that this document submitted for
recording does contain the Social Security number
of any person or person pursuant to NRS 239B.030
and NRS 440B.380.


Joel W. Locke, Esq.

EUREKA COUNTY, NV

RPTT:\$0.00 Rec:\$37.00

\$37.00 Pgs=3

ALLISON MACKENZIE LTD

KATHERINE J. BOWLING, CLERK RECORDER E10

2025-254348

03/18/2025 02:22 PM

DEATH OF GRANTOR AFFIDAVIT

JACOB BROWN, being first duly sworn, hereby solemnly declares under penalty of perjury in accordance with the laws of the State of Nevada, that GEORGE W. BROWN, the decedent mentioned in the attached certified copy of the Certificate of Death issued by the State of Nevada, is the same person as GEORGE W. BROWN, named as the Grantor in that Deed Upon Death recorded on October 17, 2018, as Document Number 2018-236254, official records of Eureka County, Nevada, covering the real property more particularly described as follows:

PARCEL 1:

A portion of Lot 3, in Block 55 as follows;

Beginning at the SW corner of Lot 3, in Block 55;

Thence North 11°43' West, a distance of 41.40 feet to a point on the west sideline of Lot 3;

Thence North 78°17' East, a distance of 82.39 feet to a point on the westerly highway r/w line;

Thence South 28°24'50" West, a distance of 54.04 feet to a point on the south sideline of Lot 3;

Thence South 78°17' West, a distance of 47.69 feet to the SW corner of Lot 3, the place of beginning.

And

Lots 4, 5, and 6 in Block 55 of the Town of Eureka, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada.

PARCEL 2:

Lot 1 in Block 55 of the Town of Eureka, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada.

EXCEPTING THEREFROM all that portion of said land as conveyed to Eureka County, Nevada by deed recorded May 28, 1992 in Book 234, Page 524, Official Records of Eureka County, Nevada.

PARCEL 3:

A portion of Lot 2, in Block 55 as follows:

Beginning at the southeast corner of said Lot 2, proceed South 50°47' West, a distance of 25.84 feet;
Thence North 19°29'15" West, a distance of 70.99 feet;
Thence North 88°41' West, a distance of 27.05 feet;
Thence South 18°26' East, a distance of 52.67 feet to the true point of beginning.

(This legal description was previously recorded on April 20, 2018, as Document No. 2018-236254, Official Records of Eureka County, Nevada).

JOHN W. BROWN and PHILLIP R. BROWN are the named beneficiaries to whom the real property is conveyed upon the death of the Grantor, GEORGE W. BROWN.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES CONTAIN A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

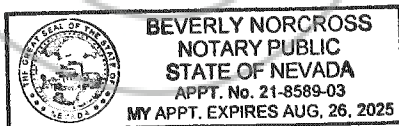
Dated this 17 day of MARCH, 2025.


JACOB BROWN

STATE OF NEVADA)
 : ss.
CARSON CITY)

On MARCH 17, 2025, personally appeared before me, a notary public, JACOB BROWN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.


NOTARY PUBLIC



4921-1330-0519, v. 1

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

CASE FILE NO. 4267358

2022004480
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEASED 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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George Wayne BROWN		2. DATE OF DEATH (Mo/Day/Year) February 12, 2022		3a. COUNTY OF DEATH Eureka			
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 350 Ruby Hill Avenue		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home			
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic			
	7a. AGE-Last birthday (Years) 95		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY			
8. DATE OF BIRTH (Mo/Day/Yr) July 13, 1926		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		
14b. KIND OF BUSINESS OR INDUSTRY Ranching		15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		
15d. STREET AND NUMBER 350 Ruby Hill Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John BROWN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mabel WILSON		
18a. INFORMANT- NAME (Type or Print) John BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 471 Eureka, Nevada 89316		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		
19c. LOCATION City or Town State Elko Nevada 89803		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Miles A Umina PO Box 736 Eureka, NV 89316							23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 2022		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							Interval between onset and death	
(a) Heart Failure							Immediate	
(b) Chronic Obstructive Pulmonary Disease							Interval between onset and death	
(c) Combined Systolic And Diastolic Congestive Heart Failure							Unknown	
(d) Bradycardia							Interval between onset and death	
(e) Unknown							Unknown	
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) No	
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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		



CERTIFIED COPY OF VITAL RECORDS

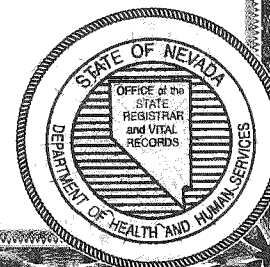
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 2/23/2022

[Signature]
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 Declaration of Value

1. Assessor Parcel Number(s):

- a) 001-096-05
- b) 001-096-07

2. Type of Property:

- a) ☐ Vacant Land
- b) ☒ Single Family Res.
- c) ☐ Condo/Townhouse
- d) ☐ 2-4 Plex
- e) ☐ Apartment Bldg.
- f) ☐ Comm'l/Ind'l
- g) ☐ Agricultural
- h) ☐ Mobile Home
- i) ☐ Other

FOR RECORDER'S OPTIONAL USE ONLY

Document/Instrument #: _____
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: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 10
- b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the grantor.

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 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 375.038, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____

Capacity Agent

Signature _____

Capacity Agent

SELLER (GRANTOR) INFORMATION REQUIRED

Print Name: Jacob Brown

Address: 2040 Eastlake Blvd

City: Washoe Valley

State: NV

Zip: 89704

BUYER (GRANTEE) INFORMATION REQUIRED

Print Name: Jacob Brown

Address: 2040 Eastlake Blvd.

City: Washoe Valley

State: NV

Zip: 89704

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Allison MacKenzie, Ltd. Escrow #

Address: 402 North Division Street, P.O. Box 646

City: Carson City

State

NV

Zip

89702