

16

OFFICIAL RECORD  
Requested By:  
SANDRA LAWRENCE

A.P.N. 1318-22-002-036

When recorded mail to:  
Sandra G. Lawrence  
Dyer, Lawrence, Penrose,  
Flaherty & Donaldson  
2805 Mountain St.  
Carson City, NV 89703

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0210 PG- 413 RPTT: 0.00



Grantees' Address:  
Mail Tax Statements to:

Evangeline Buijten  
P.O. Box 2946  
Stateline, NV 89449

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 Medical Cert of Death Signature/Contents.

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
CARSON CITY ) ss:

EVANGELINE BUIJTEN, residing at 160 Faris Court, Stateline, Nevada, 89449, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada, that the following statements are true:

1. That Affiant is EVANGELINE BUIJTEN, the person named as Joint Tenant and one of the Grantees in that certain Grant Deed recorded as Document number 363180, in Book 0595, Page 4925, in the Office of the County Recorder of Douglas, State of Nevada, referring to the following described property situated in Stateline, State of Nevada:

LOT 50 IN BLOCK 2 AS SHOWN ON THE MAP OF OLIVER PARK SUBDIVISION FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 2, 1959.

2. That ERNST H. BUIJTEN, the deceased, was one of the Grantees named in said Deed and was the identical person named as ERNST HARM BUIJTEN, the decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

///

///

3. That ERNST H. BUIJTEN, the deceased, died on the 24<sup>th</sup> day of December, 2009, in South Lake Tahoe, State of California.

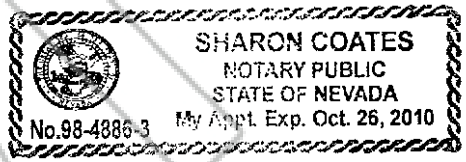
Dated this 27<sup>th</sup> day of January, 2010.

*Evangeline Buijten*  
EVANGELINE BUIJTEN

STATE OF NEVADA }  
CARSON CITY } ss:

On the 27<sup>th</sup> day of January, 2010, personally appeared before me, a Notary Public, EVANGELINE BUIJTEN, personally known or proven to me to be the person whose name is subscribed to the above instrument, AFFIDAVIT OF DEATH OF JOINT TENANT, and who acknowledged that she executed the instrument.

*Sharon Coates*  
NOTARY PUBLIC



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

**EL DORADO COUNTY**  
HEALTH DEPARTMENT  
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200909001039

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS VS/MS/RY/LSM		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ERNST</b>		2. MIDDLE <b>HARM</b>		3. LAST (Family) <b>BUIJTEN</b>	
4. DATE OF BIRTH - mm/dd/yyyy <b>05/01/1940</b>		5. AGE Yrs. <b>69</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>INDONESIA</b>		10. SOCIAL SECURITY NUMBER <b>4321</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH - mm/dd/yyyy <b>12/24/2009</b>		8. HOUR (24 Hours) <b>0942</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>MASTER'S</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>AIRCRAFT-MISSILE MECHANIC</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) <b>MILITARY</b>		19. YEARS IN OCCUPATION <b>28</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>160 FARIS COURT</b>		21. CITY <b>STATELINE</b>		22. COUNTY/PROVINCE <b>NV</b>	
23. ZIP CODE <b>89449</b>		24. YEARS IN COUNTY <b>2</b>		25. STATE/FOREIGN COUNTRY <b>NV</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>EVANGELINE BUIJTEN, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>PO BOX 2946, STATELINE, NV 89449</b>			
28. NAME OF SURVIVING SPOUSE - FIRST <b>EVANGELINE</b>		29. MIDDLE <b>PEREZ</b>		30. LAST ( Maiden Name) <b>JAYME</b>	
31. NAME OF FATHER - FIRST <b>EUGENE</b>		32. MIDDLE <b>ERNST</b>		33. LAST <b>BUIJTEN</b>	
34. BIRTH STATE <b>INDONESIA</b>		35. NAME OF MOTHER - FIRST <b>KINEKEN</b>		36. MIDDLE <b>KNOL</b>	
37. BIRTH STATE <b>INDONESIA</b>		38. PLACE OF FINAL DISPOSITION <b>RES EVANGELINE BUIJTEN 160 FARIS COURT, STATELINE, NV 89449</b>		39. DATE OF DISPOSITION <b>01/08/2010</b>	
40. TYPE OF DISPOSITION <b>CR/TR/RES</b>		41. SIGNATURE OF EMBALMER <b>DENNIS HAMILTON</b>		42. LICENSE NUMBER <b>EMB7835</b>	
43. NAME OF FUNERAL ESTABLISHMENT <b>MC FARLANE MORTUARY INC</b>		44. LICENSE NUMBER <b>FD1180</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>OLIVIA KASIRYE, MD, MS</b>	
46. DATE <b>12/31/2009</b>		101. PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other	
103. COUNTY <b>EL DORADO</b>		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>2170 SOUTH AVE.</b>		105. CITY <b>S. LAKE TAHOE</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>PENDING PATHOLOGY</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. SOURCE NUMBER <b>EM0912581</b>	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN 107	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER <b>LARRY A OLSEN</b>	
116. LICENSE NUMBER <b>LARRY A OLSEN</b>		117. DATE <b>12/29/2009</b>		118. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>LARRY A OLSEN, DEPUTY CORONER</b>	
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE <b>12/29/2009</b>	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. DESCRIBE HOW INJURY OCCURRED (Exclude events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER <b>LARRY A OLSEN</b>		127. DATE <b>12/29/2009</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>LARRY A OLSEN, DEPUTY CORONER</b>		FAX AUTH. #		CENSUS TRACT	
STATE REGISTRAR		A B C D E		"010001001381248"	

BK- 0210  
PG- 415  
0758058 Page: 3 OF 3 02/02/2010

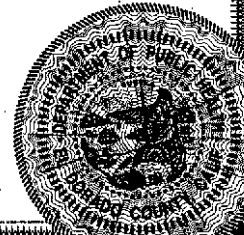
CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

\*000124471\*

DATE ISSUED: **JAN 04 2010**

This copy is not valid unless prepared on an engraved border, dated by the date, seal and signature of the County Health Officer.



*Jason Eberhart-Phillips*  
JASON EBERHART-PHILLIPS, M.D.  
COUNTY HEALTH OFFICER