



KAREN ELLISON, RECORDER

A.P.N. # A ptn of 1319-30-721-007  
ESCROW NO. 20150316 / #31-087-35-04  
RECORDING REQUESTED BY:  
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF Washington }  
  } ss  
COUNTY OF Snohomish }

Janice I. Bogren of legal age, being first duly sworn, deposes and says: That Burton A. Bogren, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Burton A. Bogren. named as one of the parties in that certain Grant Deed dated March 18, 1991 executed by

HARICH TAHOE DEVELOPMENTS, a Nevada general partnership  
to Burton A. Bogren and Janice I Bogren as joint tenants, recorded

Instrument No. 247570, on March 29, 1991 in Book 391, Page 3951, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

See Exhibit 'A' attached hereto and by this reference made a part hereof.

*Janice Bogren*

DATE: 2/20/2015

STATE OF Washington }  
  } ss.  
COUNTY OF Snohomish }

This instrument was acknowledged before me on

2/20/15

by, Janice Bogren

Signature *[Signature]*  
Notary Public



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **08194** Washington State Certificate of Death State File Number \_\_\_\_\_

1. Legal Name (include AKA's if any) First Middle LAST Suffix **Burton A. Bogren** 2. Death Date **Aug. 12, 2005**

3. Sex (M/F) **Male** 4a. Age - Last Birthday **71** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number **██████████-4464** 6. County of Death **King**

7. Birthdate **Oct. 12, 1933** 8a. Birthplace (City, Town, or County) **Seattle** 8b. (State or Foreign Country) **WA** 9. Decedent's Education **Associate Degree**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. **No** 11. Decedent's Race(s) **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.) **456 NE Maple Leaf PL Apt. #E** 13b. City or Town **Seattle**

13c. Residence: County **King** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98115** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence. **9 years** 15. Marital Status at Time of Death **married** 16. Surviving Spouse's Name (Give name prior to first marriage) **Janice Bruksner**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). **Heating/Air Conditioning** 18. Kind of Business/Industry (Do not use Company Name) **Self Employed**

19. Father's Name (First, Middle, Last, Suffix) **Ernst Alfred Bogren** 20. Mother's Name Before First Marriage (First, Middle, Last) **Mary Burton**

21. Informant's Name **Janice Bogren** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **456 NE Maple Leaf Pl #E Seattle Wa 98115**

24. Place of Death, if Death Occurred in a Hospital: \_\_\_\_\_ Place of Death, if Death Occurred Somewhere Other than a Hospital: **Residence**

25. Facility Name (If not a facility, give number & street or location) **456 NE Maple Leaf PL Apt. #E** 26a. City, Town, or Location of Death **Seattle** 26b. State **Wa** 27. Zip Code **98115**

28. Method of Disposition **burial** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Acacia Memorial Park** 30. Location-City/Town, and State **Seattle, Washington**

31. Name and Complete Address of Funeral Facility **Acacia Funeral Home, 14951 Bothell Way NE Seattle, Wa 98155** 32. Date of Disposition **August 17, 2005**

33. Funeral Director Signature X **[Signature]**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Bladder cancer** Interval between Onset & Death **4 months**  
Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death \_\_\_\_\_

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST  
b. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death \_\_\_\_\_  
c. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death \_\_\_\_\_  
d. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_ Interval between Onset & Death \_\_\_\_\_

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Metastatic cancer to brain** 36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Accident  Suicide  Homicide  Undetermined  Pending 39. If female  Not pregnant within past year  Pregnant at time of death  Not pregnant, but pregnant within 42 days before death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  No  Probably  Unknown

41. Date of Injury (MM/DD/YYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: \_\_\_\_\_ Apt No. \_\_\_\_\_  
City or Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

46. Describe how injury occurred \_\_\_\_\_ 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify) \_\_\_\_\_

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and location, due to the cause(s) listed on this certificate. **[Signature]** 48b. Medical Examiner/Coroner - For the basis of jurisdiction and to preserve records, I have examined the body and cause of death on the date and time indicated on this certificate. **[Signature]**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Jacqueline Vukobratovic 1100 Northgate Ave Seattle WA 98101** 50. Hour of Death (24hrs) **1713**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) \_\_\_\_\_ 52. Date Signed (MM/DD/YYYY) **08/16/2005**

53. Title of Certifier **MD** 54. License Number **39000** 55. ME/Coroner File Number \_\_\_\_\_ 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature **[Signature]** 58. Date Received (MM/DD/YYYY) **AUG 17 2005**

59. Amendments \_\_\_\_\_





# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**CERTIFIED**

**Seattle - King County**  
**Department of Public Health**  
*Brothy F. Teeter*  
 Brothy F. Teeter, MHA  
 Health Director and Health Officer

DEC. 23. 2005

NN00864218

**EXHIBIT "A"**

**(31)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20<sup>th</sup> interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 087 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Winter "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-721-007**