

Recording Requested By:
Sunday Vacations
14788 Bus 13 AFFIDAVIT OF CONTINUOUS MARRIAGE
Branson West, MO 65737

State of CALIFORNIA

County of YOLO

Before me, the undersigned Notary Public, personally known to me, appeared Donna R. Devries (hereinafter "Affiant"), who first being duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.

1. Affiant is over the age of eighteen (18) years of age and resides at :

324 Encina Ave.
Davis, CA 95616

2. Affiant further states that he is executing this Affidavit for the purpose of establishing in the Public Records that Affiant and Johannes J. Devries were married to each and such marriage was continuous and uninterrupted until the time of Johannes J. Devries demise on December 8, 2013, as stated on the attached death certificate.

Affiant has caused this Affidavit to be executed this ^{5th} ~~27th~~ day of July, 2015

Donna R. Devries
Donna R. Devries

See Attached.

On this _____ day of _____, 20____, before me personally appeared Donna R. Devries, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that they/he executed the same as his/their free act and deed.

Notary Public

My Commissions Expires: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

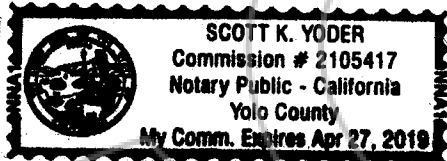
State of California
 County of Yolo

Subscribed and sworn to (or affirmed) before me
 on this 8th day of July, 2015,
 by Date Month Year

(1) Donna R. Devries
 (and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Scott K. Yoder
 Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Aff of Continuous Marriage Document Date: July 8, 2015
 Number of Pages: 1 Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO
WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

3201357001032

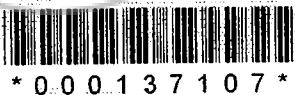
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOHANNES		2. MIDDLE JOOST	
3. LAST (Family) DEVRIES		4. DATE OF BIRTH mm/dd/ccyy 06/18/1936	
5. AGE Yrs. 77		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 9211	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		12. MARITAL STATUS/SDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree DOCTORATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. CIVIL ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSULTING ENGINEER	
19. YEARS IN OCCUPATION 53		20. DECEDENT'S RESIDENCE (Street and number, or location) 324 ENCINA AVENUE	
21. CITY DAVIS		22. COUNTY/PROVINCE YOLO	
23. ZIP CODE 95616		24. YEARS IN COUNTY 48	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 324 ENCINA AVENUE, DAVIS, CA 95616	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST DONNA		29. MIDDLE RAE	
30. LAST (BIRTH NAME) HEFNER		31. NAME OF FATHER/PARENT - FIRST GEORGE	
32. MIDDLE JOOST		33. LAST DEVRIES	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST GEORGIA	
36. MIDDLE HENRIETTA		37. LAST (BIRTH NAME) DIRKSON	
38. BIRTH STATE MN		39. DISPOSITION DATE mm/dd/ccyy 12/13/2013	
40. PLACE OF FINAL DISPOSITION DAVIS CEMETERY		41. TYPE OF DISPOSITION(S) CR/BU	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MCCNARY'S CHAPEL		45. LICENSE NUMBER FD361	
46. SIGNATURE OF LOCAL REGISTRAR CONSTANCE CALDWELL, MD		47. DATE mm/dd/ccyy 12/12/2013	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DQA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		108. CITY DAVIS	
104. COUNTY YOLO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 324 ENCINA AVENUE	
107. CAUSE OF DEATH (A) METASTATIC PROSTATE CANCER		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC KIDNEY DISEASE, DIABETES ON INSULIN, SUPRAVENTRICULAR TACHYCARDIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NEPHROSTOMY TUBE PLACEMENT 07/06/2013	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: 02/15/2008 07/25/2013		115. SIGNATURE AND TITLE OF CERTIFIER ALLISON DEBORAH ALCALAY M.D.	
116. LICENSE NUMBER A88679		117. DATE mm/dd/ccyy 12/11/2013	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALLISON DEBORAH ALCALAY M.D. 2030 SUTTER PLACE # 1000, DAVIS, CA 95616		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input 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 mm/dd/ccyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E *010001002512258* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY CLERK-RECORDER.

DATE ISSUED **DEC 16 2013**
Freddie Oakley
FREDDIE OAKLEY
YOLO COUNTY CLERK-RECORDER



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Clerk-Recorder.
PBCNO (REV) 05/13

