

WHEN RECORDED MAIL TO:  
**Eric John Papegaay, Successor Trustee of  
the Pieter J. and Marie A. Living Trust  
UTD June 27th 2005  
1329 Highway 395 N. Ste 10-297  
Gardnerville, NV 89410**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01701822RLT

APN No.: 1320-33-817-008

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

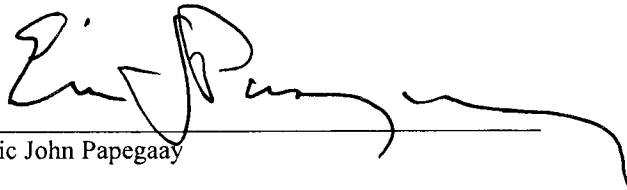
Eric John Papegaay, being duly sworn, deposes and says:

1. Pieter Jan Papegaay and Marie Antoinette Papegaay, the decedent mentioned in attached copy of Certificate of Death, is the same person as Pieter Jan Papegaay and Marie Antoinette Papegaay named as one of the trustee(s) in that certain Quitclaim Deed dated 6-27-05, executed by Pieter Papegaay and Marie A. Papegaay to Pieter Jan Papegaay and Marie Antoinette Papegaay, Trustees of the Pieter J. and Marie A. Living Trust UTD June 27, 2005, recorded on 8-4-05 as instrument number 0651333, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Eric John Papegaay, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 5-17-17



Eric John Papegaay

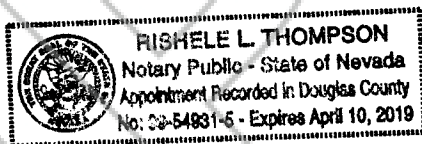
STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 5/19/17  
by Eric John Papegaay



NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 3927391

**CERTIFICATE OF DEATH**

2016022183

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Pieter Jan PAPEGAAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 23, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>1441 Harvest Avenue</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 02, 1930</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Netherlands</b>		9b. CITIZEN OF WHAT COUNTRY <b>Netherlands</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>5717</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Air Conditioner Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Television</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1441 Harvest Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Pieter Jan PAPEGAAY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jacoba AANDKERK</b>		
18a. INFORMANT- NAME (Type or Print) <b>Eric John PAPEGAAY</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1441 Harvest Avenue Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS:					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHN R HOLMAN M.D.</b> SIGNATURE AUTHENTICATED		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) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) <b>December 08, 2016</b>		21c. HOUR OF DEATH <b>08:11</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John R Holman M.D. 925 Ironwood Dr Minden, NV 89423</b>				23b. LICENSE NUMBER <b>13250</b>	
24a. REGISTRAR (Signature) <b>SHANNON JANE MCGUINNESS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 09, 2016</b>		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					
(a) <b>Myocardial Infarction</b> Interval between onset and death: <b>1 Hour</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Coronary Artery Disease</b> Interval between onset and death: <b>10 Years</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Diabetes Mellitus</b> Interval between onset and death: <b>30 Years</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Obesity</b> Interval between onset and death: <b>30 Years</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Chronic Renal Failure</b>				28. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. 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	

STATE REGISTRAR

VRS-Rev-20120523a



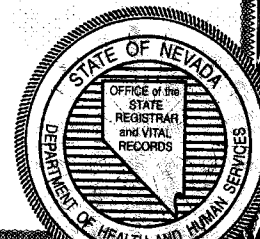
CERTIFIED COPY OF VITAL RECORDS

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: **12/12/2016**

*Cody L. Higgins*  
SIGNATURE AUTHENTICATED

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**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2010011962  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

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 GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marie Antoinette PAPEGAAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 10, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1441 Harvest Ave</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>80</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 03, 1930</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Holland</b>		9b. CITIZEN OF WHAT COUNTRY <b>Netherlands</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Pieter Jan PAPEGAAY</b>		13. SOCIAL SECURITY NUMBER <b>██████-1621</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Nurses Aide</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1441 Harvest Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Willem KUYP</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Mieke WILLEMSEN</b>		18a. INFORMANT- NAME (Type or Print) <b>Pieter Jan PAPEGAAY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1441 Harvest Ave Gardnerville, Nevada 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SUE LINDA ONKEN SANCHEZ M.D.</b>			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>August 10, 2010</b>		21c. HOUR OF DEATH <b>08:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410</b>		23b. LICENSE NUMBER <b>9360</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 13, 2010</b>		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					
(a) <b>Pancreatic Cancer</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

STATE REGISTRAR



VRS-Rev-20090602

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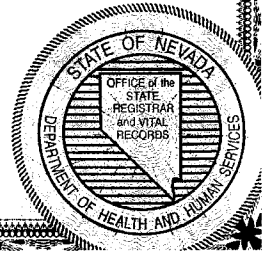
CERTIFIED COPY OF VITAL RECORDS

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: 08/16/2010

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT A**  
**LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, in Block B, as set forth on the Final Subdivision Map No. 1006-12 for CHICHESTER ESTATES, PHASE 12, filed in the office of the County Recorder of Douglas County, Nevada and recorded January 8, 2004 in Book 0104, Page 2012, as Document No. 601490.

APN: 1320-33-817-008

