

APN# A Portion of 42-010-40

Recording Requested by/Mail to:
Christine A Boyenga
Name: _____
3069 Summit Lane
Address: _____
Atwater CA 95301
City/State/Zip: _____



KAREN ELLISON, RECORDER

Mail Tax Statements to:
Christine A Boyenga
Name: _____
3069 Summit Lane
Address: _____
Atwater CA 95301
City/State/Zip: _____

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Christine A. Boyenga

Signature

Christine A Boyenga

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA}

SS

COUNTY OF MERCED}

BEFORE ME, the undersigned Notary Public, personally appeared, Christine A Boyenga, "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is Christine A Boyenga and I reside at 3220 Cherokee Avenue, Merced California 95340.
2. I owned real property as a joint tenant with James J Boyenga, such real property located in Douglas County, State of Nevada, described as follows:

See Attached Legal Description. Exhibit 'A' (42)
Title deed is recorded in Book 196, Page 1609 in the office of the register of deeds in the county and state aforesaid.
3. James J Boyenga, my joint tenant identified above, departed this life on the 5th day of November, 2017. A copy of the death certificate of James Joy Boyenga is attached.
4. On the date of the death of James J Boyenga, the above described real estate was owned by James J Boyenga and Christine A Boyenga, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is the sole surviving joint tenant of the property described above.

Dated this the 22 day of February, 20 18

Christine A Boyenga
Affiant Christine A Boyenga

SWORN TO AND SUBSCRIBED before me this the _____ day of _____,
20____

NOTARY PUBLIC

My Commission Expires: See attached
certification

COPY

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 Merced

Subscribed and sworn to (or affirmed) before me
 on this 22nd day of February, 2018,
 by _____
Date Month Year

(1) Christine A Boyenga

(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 Sarah Ellen Anderson
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: Affidavit of Death of Joint Tenant Document Date: 2/22/2018
 Number of Pages: 2 Signer(s) Other Than Named Above: None

Exhibit 'A' (42)

An undivided 1/102nd interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/48ths interest in and to Lot 42 as shown on Tahoe Village Unit No. 3-14th Amended Map, recorded April 1, 1994, as Document No. 333985, Official Records of Douglas County, State of Nevada, excepting therefrom Units 255 through 302 (inclusive) as shown on said map; and (B) Unit No. 266 as shown and defined on said map; 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 Seven recorded April 26, 1995, as Document No.

360927, as amended by Amended and Restated Declaration of Annexation of The Ridge Tahoe Phase Seven, recorded May 4, 1995, as Document No. 361461, and as further amended by the Second Amendment to Declaration of Annexation of The Ridge Tahoe Phase Seven recorded October 17, 1995 as Document No. 372905, and as described in the First Amended Recitation of Easements Affecting The Ridge Tahoe recorded June 9, 1995 as Document No. 363815, and subject to said Declarations; with the exclusive right to use said interest, in Lot 42 only, for one week every other year in Odd-numbered years in accordance with said Declarations.

Together with a 13-foot wide easement located within a portion of Section 30, Township 13 North, Range 19 East, MDB&M, Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Northwest corner of this easement said point bears S, 43° 19' 06" E., 472.67 feet from Control Point "C" as shown on the Tahoe Village Unit No. 3, 13th Amended Map, Document No. 269053 of the Douglas County Recorder's Office;

thence S. 52° 20' 29" E., 24.92 feet to a point on the Northerly line of Lot 36 as shown on said 13th Amended Map;

thence S. 14° 00' 00" W., along said Northerly line, 14.19 feet;

thence N. 52° 20' 29" W., 30.59 feet;

thence N. 37° 33' 12" E., 13.00 feet to the POINT OF BEGINNING.

A PORTION OF APN: 42-010-40

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY

STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

3052017222099		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 5/08)</small>		3201750004178	
<small>STATE FILE NUMBER</small>		<small>LOCAL REGISTRATION NUMBER</small>			
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE JOY		3. LAST (Family) BOYENGA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 07/06/1937	5. AGE Yrs. Mths. Ds. 80
9. BIRTH STATE/FOREIGN COUNTRY IA		10. SOCIAL SECURITY NUMBER 7786	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (in Time of Death) MARRIED	6. SEX M
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/yyyy 11/05/2017	8. HOUR (24 Hour) 1015
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PHYSICAL EDUCATION TEACHER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3220 CHEROKEE AVENUE					
21. CITY MERCED		22. COUNTY/PROVINCE MERCED	23. ZIP CODE 95340	24. YEARS IN COUNTY 50	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP CHRISTINE BOYENGA, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3220 CHEROKEE AVENUE, MERCED, CA 95340		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CHRISTINE		29. MIDDLE ANN	30. LAST (BIRTH NAME) BUCKINGHAM		
31. NAME OF FATHER/PARENT - FIRST JOY		32. MIDDLE ANDREW	33. LAST BOYENGA		34. BIRTH STATE IA
35. NAME OF MOTHER/PARENT - FIRST ELLA		36. MIDDLE LAURETTA	37. LAST (BIRTH NAME) BLOCK		38. BIRTH STATE IA
39. DISPOSITION DATE mm/dd/yyyy 11/10/2017		40. PLACE OF FINAL DISPOSITION EVERGREEN MEMORIAL PARK 1480 B. STREET, MERCED, CA 95340			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER RICHARD HUNTLEY		43. LICENSE NUMBER EMB7841	
44. NAME OF FUNERAL ESTABLISHMENT IVERS & ALCORN FUNERAL HOME		45. LICENSE NUMBER FD544	46. SIGNATURE OF LOCAL REGISTRAR JULIE VAISHAMPAYAN, MD		
47. DATE mm/dd/yyyy 11/07/2017					
101. PLACE OF DEATH MAIN WEST POSTACUTE CARE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENVP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 812 WEST MAIN STREET		106. CITY TURLOCK	
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. HEART FAILURE		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) HEART FAILURE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST HYPERTENSIVE HEART DISEASE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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: (A) mm/dd/yyyy (B) mm/dd/yyyy 07/18/2017 10/10/2017		115. SIGNATURE AND TITLE OF CERTIFIER MICHAEL LEE BRODIE M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A31978 11/06/2017	
118. 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL LEE BRODIE M.D. 2851 GEER RD #B, TURLOCK, CA 95382		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. SIGNATURE OF CORONER / DEPUTY CORONER		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

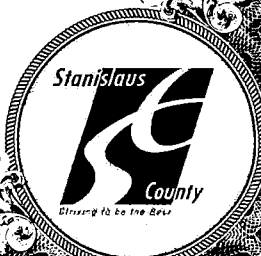
11/15/2017

JULIE VAISHAMPAYAN, MD, MPH
LOCAL REGISTRAR OF VITAL STATISTICS

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



000729482



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASTANISOLJ