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KAREN ELLISON, RECORDER

E10

To: Douglas County Records Office

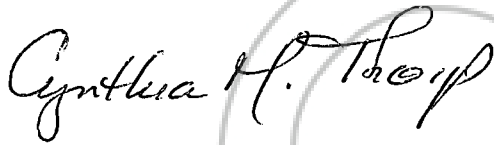
Ref: Adrianus Van Bruggen (DOD 10/07/2021)  
APN # 1220-21-710-003  
(694 Joette Drive, Gardnerville NV 89460)

Date: November 16, 2021

To Whom this May Concern:

Please find attached an Affidavit of Death with regard to decedent (Adrianus Van Bruggen) and to the estate of the decedent's property (APN #1220-21-710-003).

*THIS DOCUMENT DOES INCLUDE DECEDANT'S SOC. SECURITY NUMBER.*  
I am the sole successor of the estate of the decedent.



Cynthia M. Thorp  
1731 Arbello Drive  
Minden, NV 89460  
(916) 764-0915

DEATH OF GRANTOR AFFIDAVIT

CYNTHIA M. THORP (here insert name of affiant), being duly sworn, deposes and says that ADRIANUS VAN BRUGGEN (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ADRIANUS VAN BRUGGEN (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 7/21/2021 (date), as document or file number N/A, book N/A, at page \_\_\_\_\_, records of DOUGLAS County, Nevada, covering the real property commonly known as # 2021-971219, City of HH, County of DOUGLAS, State of Nevada, or located in the County of GARDNERVILLE, State of Nevada, and more particularly described as:

LOT 76, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT # 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN (Legal Description) BOOK 374, PAGE 676, AS FILE NO. 72456

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

NOVEMBER 16, 2021 (Date)

Cynthia M. Thorp (Signature)

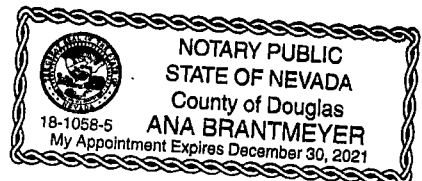
CYNTHIA M. THORP

State of Nevada }  
County of Douglas }ss.

Subscribed and sworn to on this 16<sup>th</sup> day of November, in the year 2021, before me, Ana Brantmeyer (here insert name of notary public), by Cynthia M. Thorp (here insert name of principal).

Ana Brantmeyer (Signature of Notary Public)

NOTARY SEAL



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

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

CASE FILE NO. 4242078

**CERTIFICATE OF DEATH**

2021025855  
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>Adrianus VAN BRUGGEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 07, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 22, 1928</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Netherlands</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>6</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>5178</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Painting Company</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>694 Joette Drive</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>Dirk VAN BRUGGEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Petronella Elizabeth VANDER STEEN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Cynthia M THORP</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>694 Joette Drive Gardnerville, Nevada 89460</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> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</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>CRAIG RAU MD</b> <b>SIGNATURE AUTHENTICATED</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>October 13, 2021</b>		21c. HOUR OF DEATH <b>15:30</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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10991</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 20, 2021</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				Interval between onset and death	
(a) <b>Cardiorespiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Metastatic Adenocarcinoma Of The Rectum</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Acute Encephalopathy</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Unknown Etiology</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	



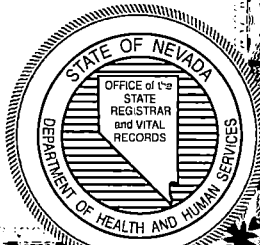
CERTIFIED COPY OF VITAL RECORDS

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: **10/25/2021**

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

*Jan J. [Signature]*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE