A.P.N. No.: 1220-21-710-003

File No.: 1669911 sa

Recording Requested By:

Stewart Title Company

When Recorded Mail To:

Cynthia M. Thorp

1731 Arbello Drive

Minden, NV 89423

DOUGLAS COUNTY, NV
Rec:\$40.00
\$40.00 Pgs=4 06/15/2022 01:11 PM
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

(for recorders use only)

Affidavit- Death of Joint Tenants (Title of Document)

Please complete Affirmation Statement below:

	I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per
	NRS 239B.030)
	-OR-
\boxtimes	I the undersigned hereby affirm that the attached document, including any exhibits, hereby
	submitted for recording does contain the social security number of a person or persons
10	the many
Μи	two Hospird [Enter Date] Escrow Assistant
igrVatu	ure Title
·_1 F	Data1

[Enter Data] Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	1220-21-710-00)3							
File No.:	1669911 sa								
Recording Requested By:									
Stewart Title Company									
Mail Tax Sta	tements To:	Same as below							
When Recorded Mail To:									
The Estate of Adrianus Van Bruggen									

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
County of Douglas)

Cynthia M. Thorp, of legal age, being first duly sworn, deposes and says: That Willy M. Van Bruggen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Willy M. Van Bruggen named as one of the parties in that certain Corporation Grant Deed dated August 15, 1991 executed by H& S Constructions Inc., a Nevada Corporation to Adrianus Van Bruggen and Willy M. Van Bruggen, husband and wife as joint tenants, recorded as Document No. 258089, on August 16. 1991 in Book 891, Page 2865 of Official Records of Douglas CountyNevada, covering the following described property situated in Douglas County, State of Nevada.

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

Lot 76, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, Official Records.

Dated: <u>Sune</u> 9, 2022.

The Estate of Adrianus Van Bruggen	
Cyntleia M. Thorp	\wedge
Cynthia M. Thorp, Petitioner	\\
State of Nevada)	
County of Douglas) ss	\ \
This instrument was acknowledged before me on the day of By: Cynthia M. Thorp	, 2022
Signature: With Posod Nothery Public	OWNER
No.	CYNTHIA HAGGARD ary Public - State of Nevada intrinent Recorded in Douglas County 11-3540-05 - Expires March 12, 2025
West Marie Control of the Control of	

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2015012755

TYPE OR	11 11 11 11 11 11 11 11 11 11 11 11 11	200 Mari 1980 1	ATTENDED TO THE TOTAL OF THE TO	M. 1990 M. 13. 13.		STATE FILE NUMBER
PRINTIN	1a. DECEASED NAME (FIRST,M	DDLE,LAST,SUFF(X)	700 W. 100 W. 10		Z DATE OF DEATH (Mo/Day/	(ear) 3a COUNTY OF DEATH
PERMANENT BLACK INK	Willy Mariene	A CONTRACT OF THE CONTRACT OF	VAN BRUGGEN		July 27, 2015	Douglas
BLACK INK	35. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPITA	L OR OTHER INSTITUTION	N-Name(If not either, give		dicate DOA,OF/Emer. Rm. 4. SEX
	Gardnerville		694 Joette	Drive	Inpatient(Specify)	Home Female
DECEDENT	5. RACE White	61 A	Hispanic Origin? Specify		75. UNDER 1 YEAR 76. UNDE	
	(Specify)		- Non-Hispanic	(Years)	MOS DAYS HOURS	TMINS
IF DEATH	9e: STATE OF BIRTH (# not U.S.A	lor orazonos u	CONTROL DESCRIPTION DE SERVICE	81		October 22, 1933
CCCURRED IN	Netherlands	Control Control Control	A CONTRACTOR OF THE PROPERTY O	DIVORCED (Spec		12. SURVIVING SPOUSE (Maiden name) Adrianus VAN BRUGGEN
HANDBOOK	13. SOCIAL SECURITY NUMBER	41		CONTRACTOR SACRESCE STREET	14b. KIND OF BUSINESS G	A NO. CANON TALL DESTRUCTION TO TALE, TORSEL OF
REGARDING COMPLETION OF	5176	ina. Booke ooo		smaker	france market	
RESIDENCE		SB. COUNTY	15c CITY, TOWN OR		Own He	TISE, INSIDE CITY
		A STATE OF THE STATE OF	200	ne and anne a	West Control	LIMITS (Specify Yes
	Nevada	Douglas	Gardne	tit think in the	Joette Drive	ACC
PARENTS	16. FATHER/PARENT - NAME (F	*** /********* ** **	a. a.u.q	17: MOTHER/P/	RENT NAME (First Middle	and the same of th
		elis WAARDENB			Maria Withel	
	18a: INFORMANT- NAME (Type o		18b. MAILING A		D. No. City or Town, State, Zi	Contractors and the second
\$	The second secon	N BRUGGEN	Manual Carlo San American		Drive Gardnerville, Ne	
SPOSITION	19a. BURIAL, CREMATION, REM Crematio					CATION City or Town State
13FO3H 10H	The state of the s		An array many when y	e Meadows Cremat		Sparks Nevada 89431
	20a. FUNERAL DIRECTOR - SIG	VATURE (Or Person Actin LAWRENCE	ng as Such) 206 FUNER LICENSE NO	AL DIRECTOF 20c. NAM	E AND ADDRESS OF FACILI	
ini e demasa d	l		7.77	OMBER OAR	control of the contro	rals & Cremations
RADE CALL	TRADE CALL NAME AND ADDR	RE AUTHENTICATED)	<u> </u>	13/3 N Compa Ln	Carson City NV 89701
RADE CALL	2000 P. 30 2001 - 3400		the time, date and place and			
	≥ to the cause(s) stated (Sign	pleoge, deam occurred at sture & Title) 336	MATURE AUTHENTICA		ses or examination and/or invest see and place and due to the caus	lgation, in my opinion death occurred e(e) stated (Signature & Title)
		EVEN L PHILLIP		E .		
CERTIFIER	21b. DATE SIGNED (MOVE	ay/Yr) 21c. H(OUR OF DEATH	ੂ 22b. DATE	SIGNED (Mo/Day/Yr)	22c HOUR OF DEATH
Bu cas	ਤਿ <u>ਵੇਂ</u> July 28, 2015		07:44	8	ACT CAN A CA	
	21d NAME OF ATTENDIN □ (Type or Print)	G PHYSICIAN IF OTHER	THAN CERTIFIER	22d PRO	(Mo/Day/Yr)	22e PRONOUNCED DEAD AT (Hour)
				1	<u> </u>	www. Pagistri eg
	23a. NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, A	ATTENDING PHYSICIAN, M	EDICAL EXAMINER, OR	CORONER) (Type or Print)	236 LICENSE NUMBER
Mary III		Haven I Phillips M.		WZU/ KENU, NV 09	The state of the s	
		steven L Phillips M.	Carlo Company Commission Commission Com-	246 DATE DECENYER		DEATH DIVE TO COMMUNICADI E DISEASE
REGISTRAR	24a. REGISTRAR (Signature)	VERALYNN	a boyack	24b. DATE RECEIVED (Mo/Day/Yr)	BY REGISTRAR 246.	DEATH DUE TO COMMUNICABLE DISEASE
	24a. REGISTRAR (Signature)	VERALYNN SIGNATURE AUT	A BOYACK HENTIGATED	(Mo/Day/Yr) Ju		DEATH DUE TO COMMUNICABLE DISEASE YES NO X
CAUSE OF	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL	a boyack	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death
	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART I (a) Cardiac A	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL T'EST	A BOYACK HENTICATED USE PER LINE FOR (a), (b),	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes
CAUSE OF DEATH	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.: (a) Cardiac A DUE TO, OR AS	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TOST A CONSEQUENCE OF:	A BOYACK HENTIGATED USE PER LINE FOR (a), (b),	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANYWHICH	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.I (a) Cardiac A DUE TO, OR AS (b) Atheroscie	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL TEST A CONSEQUENCE OF, Erotic Heart Dise	A BOYACK HENTIGATED USE PER LINE FOR (a), (b),	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HAMBUATE	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.I. (a) Cardiac A DUE TO, OR AS (b) Atheroscie Due TO, OR AS	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL TEST. A CONSEQUENCE OF, POTIC HEART DISE A CONSEQUENCE OF, A CONSEQUENCE OF,	A BOYACK HENTIGATED USE PER LINE FOR (a), (b),	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HIMBEDIATE CAUSE STATING THE	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.I. (a) Cardiac A DUE TO, OR AS (b) Atheroscle Due TO, OR AS (c) Hypertens	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL TEST A CONSEQUENCE OF, TOTIC HEART DISE TA CONSEQUENCE OF, SION	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PEASE	(Mo/Day/Yr) Ju) BY REGISTRAR 246. uly 28, 2015	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Years
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMEDIATE CAUSE	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.I. (a) Cardiac A DUE TO, OR AS (b) Atheroscle Due TO, OR AS (c) Hypertens	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL TEST. A CONSEQUENCE OF, POTIC HEART DISE A CONSEQUENCE OF, A CONSEQUENCE OF,	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PEASE	(Mo/Day/Yr) Ju	BY REGISTRAR 246.	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART I (a) Cardiac A DUE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) DUE TO, OR AS (d)	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL TEST A CONSEQUENCE OF, TA CONSEQUENCE OF, SION A CONSEQUENCE OF,	A BÖYACK HENTIGATED USE PER LINE FOR (a), (b), PASE	(Mo/DayArr) Ju) BY REGISTRAR 24e.	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Years
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature). 25. IMMEDIATE CAUSE PART.I. (a) Cardiac A DUE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) DUE TO, OR AS (d) PART.II OTHER SIGNIFICANT.C	VERALYNN SIGNATURE AUT SIGNATURE AUT (ENTER ONLY ONE CAL TEST A CONSEQUENCE OF, SIOT A CONSEQUENCE OF, SIOT CONSEQUENCE OF, CONDETIONS-CONSTROPS OF	A BOYACK HENTICATED USE PER LINE FOR (a), (b), PASE CASE CONTributing to beath but not	(Mo/DayArr) Ju	DBY REGISTRAR 246. LLY 28, 2015	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I OLE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) Hypertens (d) PART II OTHER SIGNIFICANT O Acute Subarac	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SION A CONSEQUENCE OF, CONDITIONS CONSEQUENCE OF, CONSEQUENC	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PASE CONTRIBUTING TO Death but not age	(Mo/DayArr) Ju	DBY REGISTRAR 246. LLY 28, 2015	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART.I (a) Cardiac A DUE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT II ACUTE SUBARACE. SUICIDE HOM LINNET	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SION A CONSEQUENCE OF, CONDITIONS CONSEQUENCE OF, CONSEQUENC	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PASE CONTRIBUTING TO Death but not age	(Mo/DayArr) JL AND (c).) resulting in the underlying	DBY REGISTRAR 246. LLY 28, 2015	PEATH DUE TO COMMUNICABLE DISEASE YES NO
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I OUE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) Hypertens (d) PART II OTHER SIGNIFICANT (ACUTE SUBARAC 286. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SIOTI A CONSEQUENCE OF, SIOTI A CONSEQUENCE OF, CONDITIONS-CONSTITIONS CONDITIONS-CONSTITIONS-CONSTITIONS CONSTITIONS CONDITIONS CONSTITIONS CONDITIONS CONSTITIONS CONSTITUTE	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PASE CONTRIBUTING TO Death But not age Day/Yr) 256. HOUR OF P	(Mo/DayArr) , AND (c).) resulting in the underlying	DBY REGISTRAR 246. Ally 28, 2015 Cause given in Part 1.	PEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years Interval between onset and death
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Cardiac A DUE TO, OR AS (b) Atheroscie DUE TO, OR AS (c) Hypertens (d) PART II OTHER SIGNIFICANT (ACUTE SUBARAC 28a. ACC., SUICIDE HOM, UNDET. OR PENDING INVEST. (Specify) 28b. INJURY AT WORK (Specify)	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SION A CONSEQUENCE OF, SION CONSEQUENCE OF, CONDITIONS CONSEQUENCE OF,	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PASE CONTRIBUTING TO Death But not age Day/Yr) 256. HOUR OF P	(Mo/DayArr) , AND (c).) resulting in the underlying	DBY REGISTRAR 246. Ally 28, 2015 Cause given in Part 1. OW INJURY OCCURRED	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death (Specify Yes or No) Yes
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I OUE TO, OR AS (b) Atheroscle DUE TO, OR AS (c) Hypertens (d) PART II OTHER SIGNIFICANT (ACUTE SUBARAC 286. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SIOTI A CONSEQUENCE OF, SIOTI A CONSEQUENCE OF, CONDITIONS-CONSTITIONS CONDITIONS-CONSTITIONS-CONSTITIONS CONSTITIONS CONDITIONS CONSTITIONS CONDITIONS CONSTITIONS CONSTITUTE	A BOYACK HENTIGATED USE PER LINE FOR (a), (b), PASE CONTRIBUTING TO Death But not age Day/Yr) 256. HOUR OF P	(Mo/DayArr) , AND (c).) resulting in the underlying	DBY REGISTRAR 246. Ally 28, 2015 Cause given in Part 1. OW INJURY OCCURRED	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death (Specify Yes or No) Yes
CAUSE OF DEATH CONDITIONS F ANY WHICH GAVE RISE TO HMREDIATE CAUSE STATING THE UNDERLYING	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Cardiac A DUE TO, OR AS (b) Atheroscie DUE TO, OR AS (c) Hypertens (d) PART II OTHER SIGNIFICANT (ACUTE SUBARAC 28a. ACC., SUICIDE HOM, UNDET. OR PENDING INVEST. (Specify) 28b. INJURY AT WORK (Specify)	VERALYNN SIGNATURE AUT (ENTER ONLY ONE CAL (TEST A CONSEQUENCE OF, SION A CONSEQUENCE OF, SION CONSEQUENCE OF, CONDITIONS CONSEQUENCE OF,	A BOYACK HENTICATED USE PER LINE FOR (a), (b), Case Contributing to death but not age Day/Yr) 286. HOUR OF P	(Mo/DayArr) , AND (c).) resulting in the underlying	DBY REGISTRAR 246. Ally 28, 2015 Cause given in Part 1. OW INJURY OCCURRED	DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death (Specify Yes or No) Yes

VRS-Rev-20120528e

591117

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on the in the office of the State Registrar and Vital Records.

DATE ISSUED:

8/11/2015

SIGNATURE AUTHENTICATED



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