

APN: 1420-28-310-041

Recording Requested By/Return To:  
HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:  
MATTHEW BUDJAKO  
2852 Hot Springs Rd.  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

MATTHEW BUDJAKO, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That JUDITH BUDJAKO, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as JUDITH BUDJAKO, Grantee in that certain Grant, Bargain and Sale Deed recorded on November 30, 2000, as Document No. 0504231 of Official Records of Douglas County, State of Nevada, which Grant, Bargain and Sale Deed pertains to property situated at 2852 Hot Springs Rd., Minden, Douglas County, Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain and Sale Deed recorded as Document No. 0504231 of Official Records of the County of Lyon, State of Nevada, on November 30, 2000

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: June 15, 2022.

*Matthew Budjako*

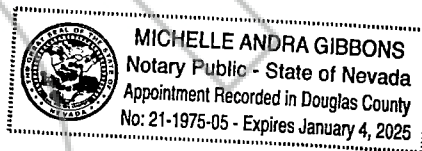
MATTHEW BUDJAKO,  
Surviving Grantee and Surviving Joint Tenant

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS    )

On June 15, 2022, before me, a Notary Public, personally appeared MATTHEW BUDJAKO, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

*Michelle Andra Gibbons*

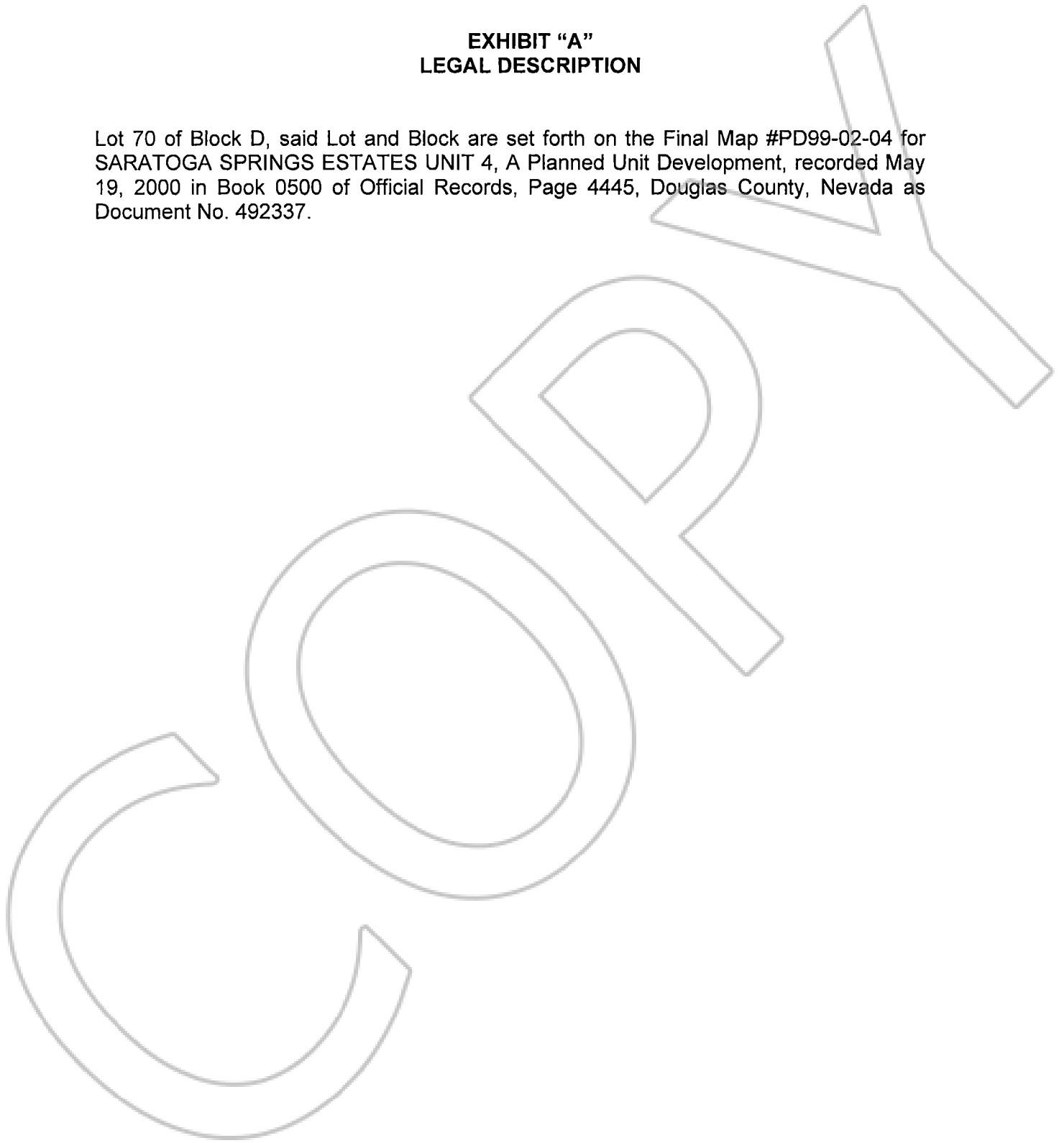
Notary Public



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

Lot 70 of Block D, said Lot and Block are set forth on the Final Map #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT 4, A Planned Unit Development, recorded May 19, 2000 in Book 0500 of Official Records, Page 4445, Douglas County, Nevada as Document No. 492337.





**EXHIBIT 1**

**AFFIDAVIT OF DEATH OF JOINT TENANT**

**APN: 1420-28-310-041**

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*Certified Copy of Certificate of Death, State of Nevada, JUDITH BUDJAKO, Deceased*

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

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

CASE FILE NO. 4247393

**CERTIFICATE OF DEATH**

2021028024  
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>Judith Lorraine BUDJAKO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 06, 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 number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Matthew BUDJAKO</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-7172</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Healthcare</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2852 Hot Springs Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Loney Curtis TRIMBLE</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Varelen Williard TYE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Matthew BUDJAKO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2852 Hot Springs Rd Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</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>ROY H SEXTON MD</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>November 09, 2021</b>		21c. HOUR OF DEATH <b>20:23</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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Roy H Sexton MD 1600 Medical Parkway Carson City, NV 89703</b>			23b. LICENSE NUMBER <b>14938</b>		
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 12, 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>Acute Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Acute On Chronic Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Acute chronic obstructive pulmonary disease exacerbation</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Pneumonia</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</b>				26. AUTOPSY (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	



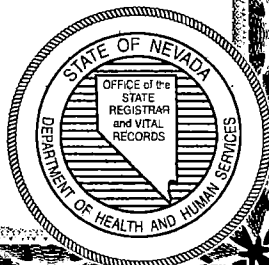
**CERTIFIED COPY OF VITAL RECORDS**

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: **11/15/2021**

*[Signature]*  
STATE REGISTRAR

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



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**