

APN# 1420-07-817-041

Recording Requested By:

Toiyabe Title
6774 S McCarran Blvd, Suite 102
Reno, NV 89509

When Recorded Mail to:

George E. Paul
4853 White Aspen Ave.
Las Vegas, NV 89130

(for Recorder's use only)

AFFIDAVIT – TERMINATING JOINT TENANCY

(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 personal information of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as require by law: NRS 440-380 _____
(State specific law)

Kathy Malfa
Signature

Escrow Officer
Title

KATHY MALFA
Printed Name

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.

In APN: 1420-07-817-041

Recording Requested By:

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131

When Recorded Mail to:

George E Paul
4853 White Aspen Ave.
Las Vegas, NV 89130

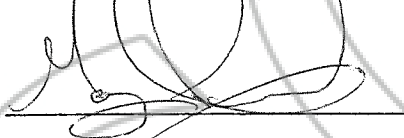
Escrow No. 1911557

AFFIDAVIT – TERMINATING JOINT TENANCY

George E. Paul, of legal age, being first duly sworn, deposes and says:

That *George* Paul, the decedent mentioned in the attached copy of Certificate of Death is the same person named as one of the parties of that certain Grant, Bargain, Sale Deed dated 4/19/2005, executed by Cathryn May Heberling, an unmarried woman, and in favor of George Paul and Ethelyn Paul, husband and wife as joint tenants, and recorded 4/29/2005 as Document No.0643163, Official Records of Douglas, Nevada covering the legal description attached hereto as Exhibit "A" and made a part hereof.

The Estate of Ethelyn Mary Paul



By: George E. Paul, Administrator

STATE OF NEVADA)

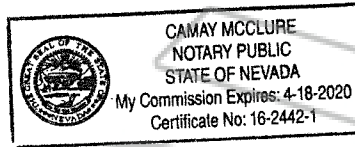
:ss.

COUNTY OF) *Clark*

This instrument was acknowledged before me on this: *20th* day of
October 2019 by George E. Paul.

[Handwritten Signature]

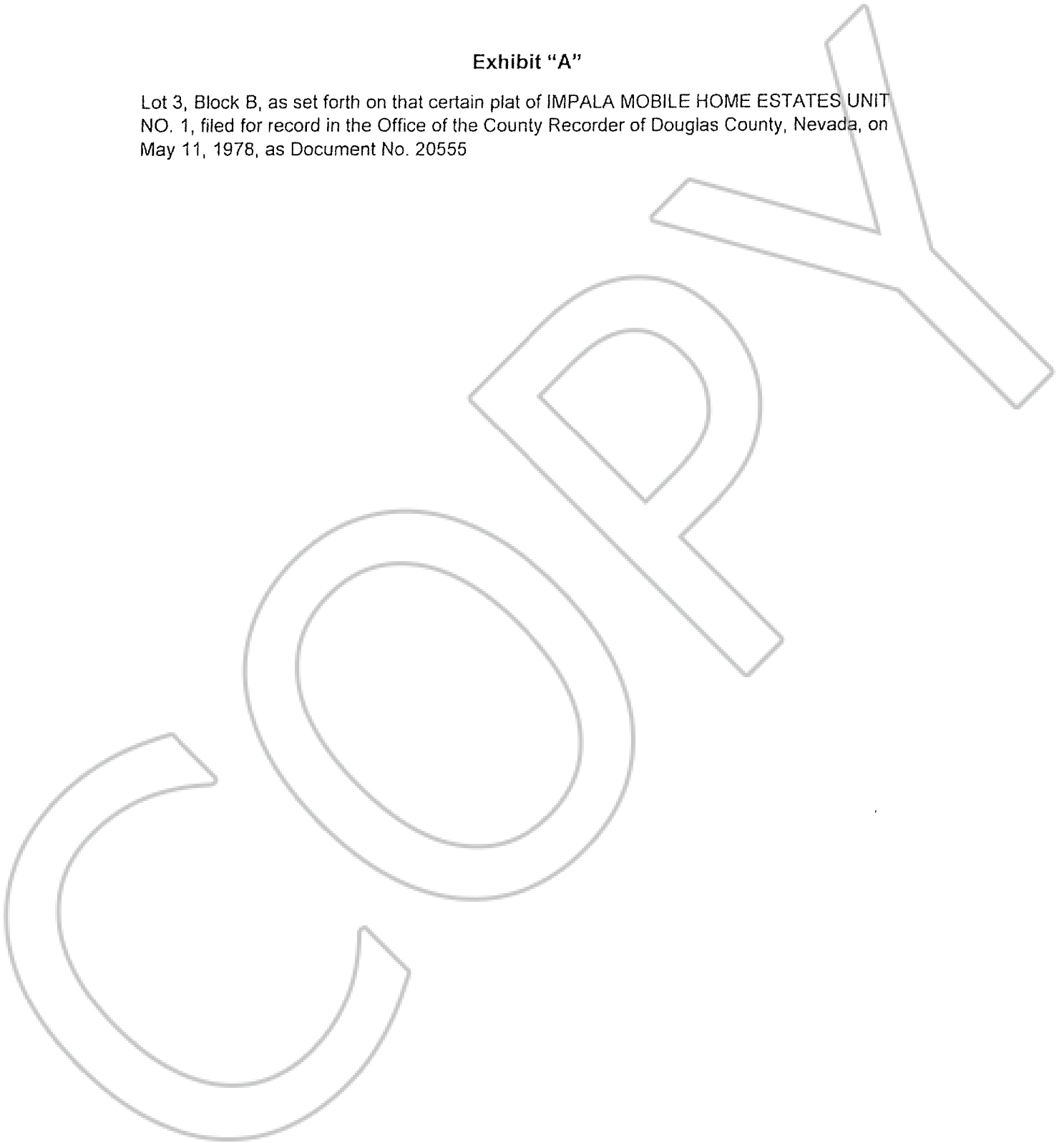
Notary Public



COPY

Exhibit "A"

Lot 3, Block B, as set forth on that certain plat of IMPALA MOBILE HOME ESTATES UNIT NO. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 11, 1978, as Document No. 20555



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014008237

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) George PAUL		2. DATE OF DEATH (Mo/Day/Year) May 20, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Nursing Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
9a. STATE OF BIRTH (if not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ethelyn Mary SAMANSKY		8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1936	
13. SOCIAL SECURITY NUMBER 0440		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Automobile Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3450 Indian Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Geroge Russell PAUL	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ella		18a. INFORMANT- NAME (Type or Print) Ethelyn PAUL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3450 Indian Drive Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU M.D.		21b. DATE SIGNED (Mo/Day/Yr) May 22, 2014		21c. HOUR OF DEATH 04:10	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) BIANCA GALEANO	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 27, 2014		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) Cardiorespiratory Failure		Interval between onset and death Minutes		(b) Aspiration Pneumonia	
(c) Sepsis from Urinary Tract Infection		Interval between onset and death Days		(d) Cause Otherwise Unknown	
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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOMICIDE, 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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

527080

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:

05/27/2014

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

STATE REGISTRAR
[Signature]
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

