FIRST AMERICAN TITLE MINDEN APN# 1420-28-110-021 KAREN ELLISON, RECORDER Recording Requested by/Mail to: Name: FIRST AMERICAN TITLE Address: _ 1663 US HWY 395 N STE 101 City/State/Zip: MINDEN NV 89423 Mail Tax Statements to: Name: SHIELA KIM SMITH Address: 1354 BISHOP CIRCLE City/State/Zip: GARDNERVILLE NV 89410 AFFIDAVIT- DEATH OF TRUSTEE 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) Signature **EMILY TOBIAS Printed Name** This document is being (re-)recorded to correct document #______, and is correcting

DOUGLAS COUNTY, NV

Pgs=5

Rec:\$40.00

\$40.00

2020-942540

02/21/2020 09:05 AM

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Shiela Kim Smith 1354 Bishop Circle Gardnerville NV 89410

> Space Above This Line for Recorder's Use Only

> > File No.: 143-2581372 (mk)

A.P.N. 1420-28-110-021

Affidavit - Death of Trustee

State of NV)
)ss.
County of DOUGLAS)

Shiela Kim Smith ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Patrick Joseph Paul ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on November 08, 2019 at Carson City, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated dated 12/11/2001 and first amendment dated 10/19/2004 and second amendment dated 5/22/2013 executed by Patrick Joseph Paul as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Bargain and Sale Deed dated 5/23/2013 which was recorded as Instrument No. 0824244 in Book 0513, Page 6770, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust. Dated: 2 . U . 2020 **DECLARANT:** Shiela Kim Smith formerly known as Shiela Kim Gaworski, as Trustee State of NV)ss County of DOUGLAS SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County (or affirmed) and State (v) this Douglas and State day of Jebruary _, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.. This area for official notarial seal WITNESS my Mand and official seal. Signature (My Commission Expires:

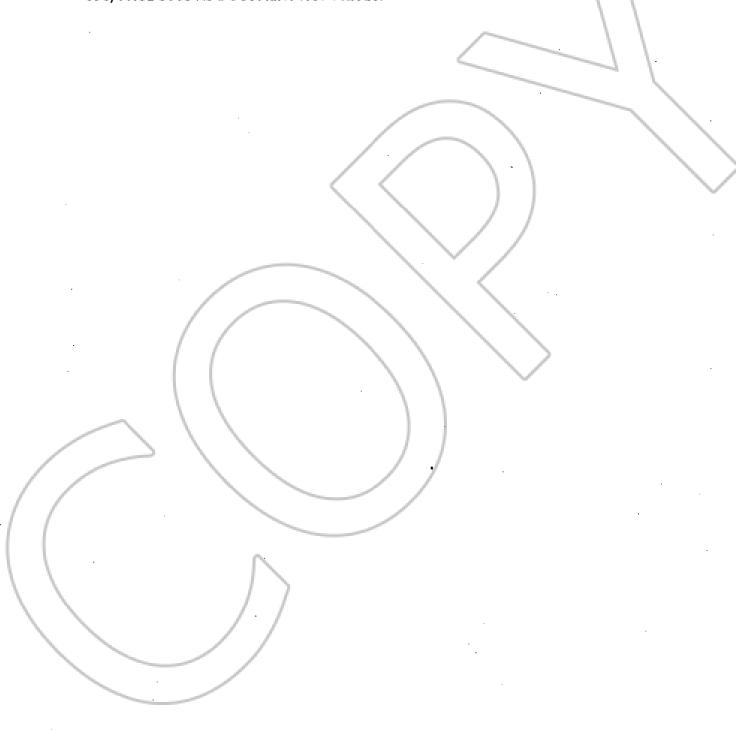
Notary Name: MAEY / Selsh Notary Phone: 775-782 5411

Notary Registration Number: 98496675 County of Principal Place of Business / Douglas



EXHIBIT 'A'

LOT 88, IN BLOCK B, AS SHOWN ON THE FINAL MAP #98-045-3 OF SARATOGA SPRINGS ESTATE UNIT NO. III, A PLANNED UNIT DEVELOPMENT RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 23, 1998 IN BOOK 698, PAGE 5063 AS DOCUMENT NO. 442616.





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FI	LE NO. 4113468	CERTI	FICATE OF DE	ATH\		9022841 FILE NUMBER		
TYPE OR	18. DECEASED-NAME (FIRST, MIDDLE	LAST SUFFIX)		2, DATE OF DEATH	(Mo/Day/Year)	a. COUNTY OF DEATH	Н	
PRINT IN PERMANENT BLACK INK	Patrick Jose	ph	PAUL '		08, 2019	. Carson Ci		
	3b. CITY, TOWN, OR LOCATION OF DI	either, give street ar 3e if Hosp.	or Inst. Indicate DOA	OP/Emer. Rm. 4, 9	SEX			
DECEDENT	Carson City		oe Regional Medical		Inpatient		Male	
	5, RACE (Specify) White	6, Hispanic Ongir No - Non-		#81 birthday 75, UNDER 1 YEAR MOS DAYS	HOURS MINS	July 09, 19		
OCCURRED IN	9a STATE OF BIRTH (If not USACA,	96. CITIZEN OF WHAT COUNTS	RY 10.EDUCATION 11. MA	RITAL STATUS (Specify) 12 SUR Divorced	VIVING SPOUSE'S NAM	E (Last name prior to lins) me	ипівде)	
INSTITUTION SEE HANDBOOK	name country) California 13. SOCIAL SECURITY NUMBER	United States 14a. USUAL OCCUPATION (Give		Most of 14b KIND OF BU	SINESS OR INDUST	RY Ever in U	S Armed	
REGARDING COMPLETION OF RESIDENCE	-3488	Elect	rical Engineer		Electrical	Forces?	Yes	
ITEM\$	15a, RESIDENCE - STATE 15b. CC	DUNTY 15c. CIT	Y, TOWN OR LOCATION	15d, STREET AND NUMBER		15e. INSID LIMITS (Sp	pecify Yes	
ل سے	Nevada		- Minden	2992 Hot Springs Ro		The second second	No	
PARENTS	16. FATHER/PARENT - NAME (First M Roge	r Stanley PAUL		Mary Sh	eila LLOYD-B			
DISPOSITION	18a. INFORMANT- NAME (Type or Print Shiela SMI	" " " " " " " " " "		Street of R.F.D. No, City of Town 354 Bishop Circle Gardne		9410	1	
					19c LOCATION		_	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation 19c. LOCATION City or Town State Carson City Nevada 89706							
	206. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 206. FUNERAL DIRECTOF 206. NAME AND ADDRESS OF FACILITY CARLEN BLANSETT 206. FUNERAL DIRECTOF 206. NAME AND ADDRESS OF FACILITY LICENSE NUMBER Cremation Society of Nevada - Capitol City							
	1	AUTHENTICATED	' FD861	1614 N Cur	ry Street Carson	City NV 89703		
TRADE CALL	TRADE CALL - NAME AND ADDRESS			V /		·		
,,,,,,,,	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)							
CERTIFIER	21b, DATE SIGNED (Mo/Day/Yr) 21c, HOUR OF DEATH 22b, DATE SIGNED (Mo/Day/Yr)					- 22c. HOUR OF DEATH		
	TOSE AGUIRRE MD 21b. DATE SIGNED (Mo/Dey/Yr) November 21, 2019 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22b. DATE SIGNED 22b. DATE SIGNED 22c. PRONOUNCE				io/Day/Yr) 22e.1	y/Yr) 22e. PRONOUNCED DEAD AT (Hour)		
	236. LICENSE NUMBER 236. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Phril) 236. LICENSE NUMBER							
_	23s. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aquirre MD 1600 Medical Parkway Carson City, NV 89703					11479		
REGISTRAR	24a, REGISTRAR (Signature)	BLAISE SATARIAN		E RECEIVED BY REGISTRAR	F 1	TE TO COMMUNICABLE	E DISEASE	
		SIGNATURE AUTHENTICATE	D _ (Mo/Day/	^(f) November 21, 2019	YES	□ NO X		
CAUSE OF		ER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)			Interval between onse	it and death	
DEATH	DUE TO, OR AS A CONSEQUENCE OF: (b) Acute On Chronic Respiratory Failure With Hypoxia						Interval between onset and death	
CONDITIONS IF								
GAVE RISE TO IMMEDIATE CAUSE	DUE TO, OR AS A CONSEQUENCE OF: Upper and right lower love Pneumonia							
STATING THE -> UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (d) Acute Traumatic Rhabdomyolysis \(\frac{1}{2} \)					Interval between onse	et and death	
/ /	PART II OTHER SIGNIFICANT COND Unknown Etiology	ITIONS-Conditions contributing to	death but not resulting in th	e underlying cause given in Part	1. 26. AUTOF Yes or No)	PSY (Specif 27, WAS CAS REFERRED 7 No (Specify Yes	E IO CORONER OF NO)	
	28s, ACC., SUICIDE, HOM., UNDET. 28s. (DATE OF INJURY (Mo/Dey/Yr)	ZBC, HOUR OF INJURY 28	I, DESCRIBE HOW INJURY OCCURRE	io .	· · · · · · · · · · · · · · · · · · ·		

000795400

building, etc. (Specify)

CERTIFIED COPY OF VITAL RECORDS

28g. LOCATION

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.

28f. PLACE OF INJURY- At home, famil, street, factory, office

DATE ISSUED:

28e. INJURY AT WORK (Specify Yes or No)

11/26/2019

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



STATE

CITY OR TOWN

STREET OR R.F.D. No.

Administrator STATE REGISTRAR

