

APN# 1420-28-110-021

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

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.

COPY

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4113468

CERTIFICATE OF DEATH

2019022841
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) Patrick Joseph PAUL		2. DATE OF DEATH (Mo/Day/Year) November 08, 2019		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not other, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) July 09, 1937	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSES NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████████-3488		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Electrical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Electrical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2992 Hot Springs Road		15e. INSIDE CITY LIMITS (Specify Yes of No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Roger Stanley PAUL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Sheila LLOYD-BUTLER		
18a. INFORMANT - NAME (Type or Print) Shiela SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1354 Bishop Circle Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
20a. SIGNATURE AUTHENTICATED					
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) JOSE AGUIRRE MD			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) November 21, 2019		21c. HOUR OF DEATH 18:50		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 21, 2019		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) Cardiopulmonary Arrest		Interval between onset and death			
(b) Acute On Chronic Respiratory Failure With Hypoxia		Interval between onset and death			
(c) upper and right lower lobe Pneumonia		Interval between onset and death			
(d) Acute Traumatic Rhabdomyolysis		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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	

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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.

Jose Aguirre
Administrator
STATE REGISTRAR

DATE ISSUED: 11/26/2019

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

