

APN# 1320-02-002-014

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Janice S. Severs

Address: 4589 Ewing Rd

City/State/Zip: Castro Valley CA 94546

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'

**THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE
SOUTHWEST 1/4, SECTION 2, TOWNSHIP 13 NORTH, RANGE 20 EAST, ACCORDING TO
THE OFFICIAL MAP.**

COPY

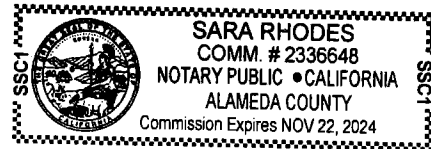
CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State Of: **California**
County Of: **Alameda**

Subscribed and sworn to (or affirmed) before me on the 14 day of July, 2021
by Janice S. Severs,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Sara Rhodes
Signature: **Sara Rhodes**



Title of Document: Affidavit Death of Trustee
Total Number of Pages including Attachment: 4
Notary Commission Expiration Date: **Nov. 22, 2024**
Notary Commission Number: **2336648**

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

3052020226867

CERTIFICATE OF DEATH

3202001007995

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENTRIES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) PATRICIA		2. MIDDLE JOANN		3. LAST (Family) FINNELL	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 06/24/1934		5. AGE Yrs. 86	
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 6283		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 10/01/2020		8. HOUR (24 Hours) 1500	
13. EDUCATION - Highest Level/Degree ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACCOUNTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PRIVATE SCHOOL		19. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4589 EWING ROAD					
21. CITY CASTRO VALLEY		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94546	
24. YEARS IN COUNTY 58		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JANICE SEVERS, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4589 EWING ROAD, CASTRO VALLEY, CA 94546		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST HERBERT		32. MIDDLE LUDWIG		33. LAST WINKELMAN	
34. BIRTH STATE WA		35. NAME OF MOTHER/PARENT - FIRST CLARICE		36. BIRTH STATE ID	
37. LAST (BIRTH NAME) PATTISON		38. BIRTH STATE ID			
39. DISPOSITION DATE mm/dd/yyyy 10/08/2020		40. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY 5000 PIEDMONT AVE, OAKLAND, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT DEER CREEK FUNERAL SERVICE		45. LICENSE NUMBER FD1505		46. SIGNATURE OF LOCAL REGISTRAR NICHOLAS J MOSS, MD, MPH	
47. DATE mm/dd/yyyy 10/07/2020					
101. PLACE OF DEATH OWN HOME		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4589 EWING ROAD		106. CITY CASTRO VALLEY	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. (A) CORONARY ARTERY DISEASE (B) AORTIC ATHEROSCLEROSIS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? NEETRAL HEALTH YEARS 2020-03930	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. LEFT FEMUR INTERTROCHANTERIC FRACTURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since (A) mm/dd/yyyy 03/21/2016 Decedent Last Seen Alive (B) mm/dd/yyyy 02/07/2020		115. SIGNATURE AND TITLE OF CERTIFIER BORAMEE DOUK M.D.		116. LICENSE NUMBER A123977 117. DATE mm/dd/yyyy 10/07/2020	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BERNADETTE ANSOLABEHERE M.D. 2417 CENTRAL AVENUE, ALAMEDA, CA 94501					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

1 of 1

CA ALAMEDA 01

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

001328303

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **OCT 16 2020**

Nick MD *Gina PM MD*

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR INTERIM HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA ALAMEDA COUNTY, CALIFORNIA

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

