

APN# 1420-34-310-016

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: Katherine O. Pasciak

Address: 2646 Gordon Ave

City/State/Zip: Minden NV 89423

AFFIDAVIT -TERMINATING JOINT TENANCY

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

A.P.N.: 1420-34-310-016
File No: 143-2644411 (et)

When Recorded return to, and mail Tax Statements to:
Katherine O. Pasciak
2646 Gordon Ave
Minden NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Katherine O. Pasciak, of legal age, being first duly sworn, deposes and says:

That **Phillip Aaron Pasciak**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Phillip A. Pasciak** named as one of the parties in that certain **GRANT BARGAIN SALE DEED** dated **October 2, 2008** executed by **Sherry D. Boyle and Robert D. Boyle** to **Phillip A. Pasciak and Katherine O. Pasciak** as joint tenants, recorded as Document No. **731415** on **10/14/2008** in Book **1008** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 14, BLOCK 2, AS SHOWN ON THE MAP OF ARTEMISIA RE-SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER ON APRIL 23, 1962, AS DOCUMENT NO. 19909, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Katherine O. Pasciak 1/21/2022

Katherine O. Pasciak

Date

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

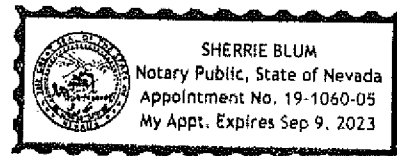
This instrument was acknowledged before me on this:

21st day of January 2022

By: **Katherine O. Pasciak**

By: *Sherrie Blum* /s: SB

Notary Public
(My commission expires: 9/9/23)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4260368

CERTIFICATE OF DEATH

2021029574
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

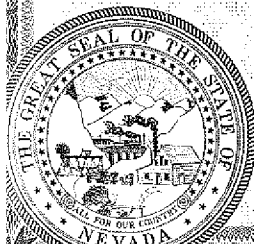
CERTIFIER

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) Phillip Aaron PASCIAK		2. DATE OF DEATH (Mo/Day/Year) November 19, 2021		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 or 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) 51	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER [REDACTED] 5905		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of COMPLIANCE/ENFORCEMENT INVESTIGATOR		14b. KIND OF BUSINESS OR INDUSTRY NEVADA CANNABIS COMPLIANCE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2646 Gordon Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No		8. DATE OF BIRTH (Mo/Day/Yr) December 05, 1969	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lewis John PASCIAK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Annette SHAMROCK		
18a. INFORMANT - NAME (Type or Print) Katherine PASCIAK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2646 Gordon Avenue Minden, Nevada 89423			
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) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) CRAIG RAU MD SIGNATURE AUTHENTICATED			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 30, 2021		21c. HOUR OF DEATH 05:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Harry Ghaff MD		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 MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 10991
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Acute Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Distress Syndrome				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Covid-19 Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unkown Etiology				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					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDEF. 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.

[Signature]

STATE REGISTRAR

DATE ISSUED: 12/6/2021

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

