

APN# 1220-22-310-108

**Recording Requested by:**

Name: Toiyabe Title  
Address: 5496 Reno Corporate Drive  
City/State/Zip: Reno, NV 89511

**When Recorded Mail to:**

Name: Margaret Jane Finan  
Address: 2780 W Adams  
City/State/Zip: Fresno, CA 93706

**Mail Tax Statement to:**

Name: Margaret Jane Finan  
Address: 2780 W Adams  
City/State/Zip: Fresno, CA 93706

( 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 required by law: NRS 440.380(1)(a)

(State specific law)

*Madison Claypool*  
**Signature**

Escrow Officer

**Title**

Madison Claypool

**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.

APN: 1220-22-310-108

ESROW NO.: 2314507

Recording Requested By:

Toiyabe Title  
5496 Reno Corporate Drive  
Reno, NV 89511

WHEN RECORDED MAIL TO:

Margaret Jane Finan  
2780 W. ADAMS  
FRESNO, CA 93702

**AFFIDAVIT – TERMINATING JOINT TENANCY**

Margaret Jane Finan, of legal age, being first duly sworn, deposes and says:

That Paul Rodney Finan, the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as one of the parties of that certain Grant, Bargain and Sale Deed dated 9/2/2002, executed by Paul Rodney Finan, and recorded 9/2/2002, as Document No. 0623299, Official Records of Douglas County, Nevada covering the legal description attached hereto as Exhibit "A" and made a part hereof.

*Margaret Jane Finan*

Margaret Jane Finan

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 Fresno

Signed and sworn to (or affirmed) before me on 7/17/23 by Margaret Jane Finan, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notary Stamp)

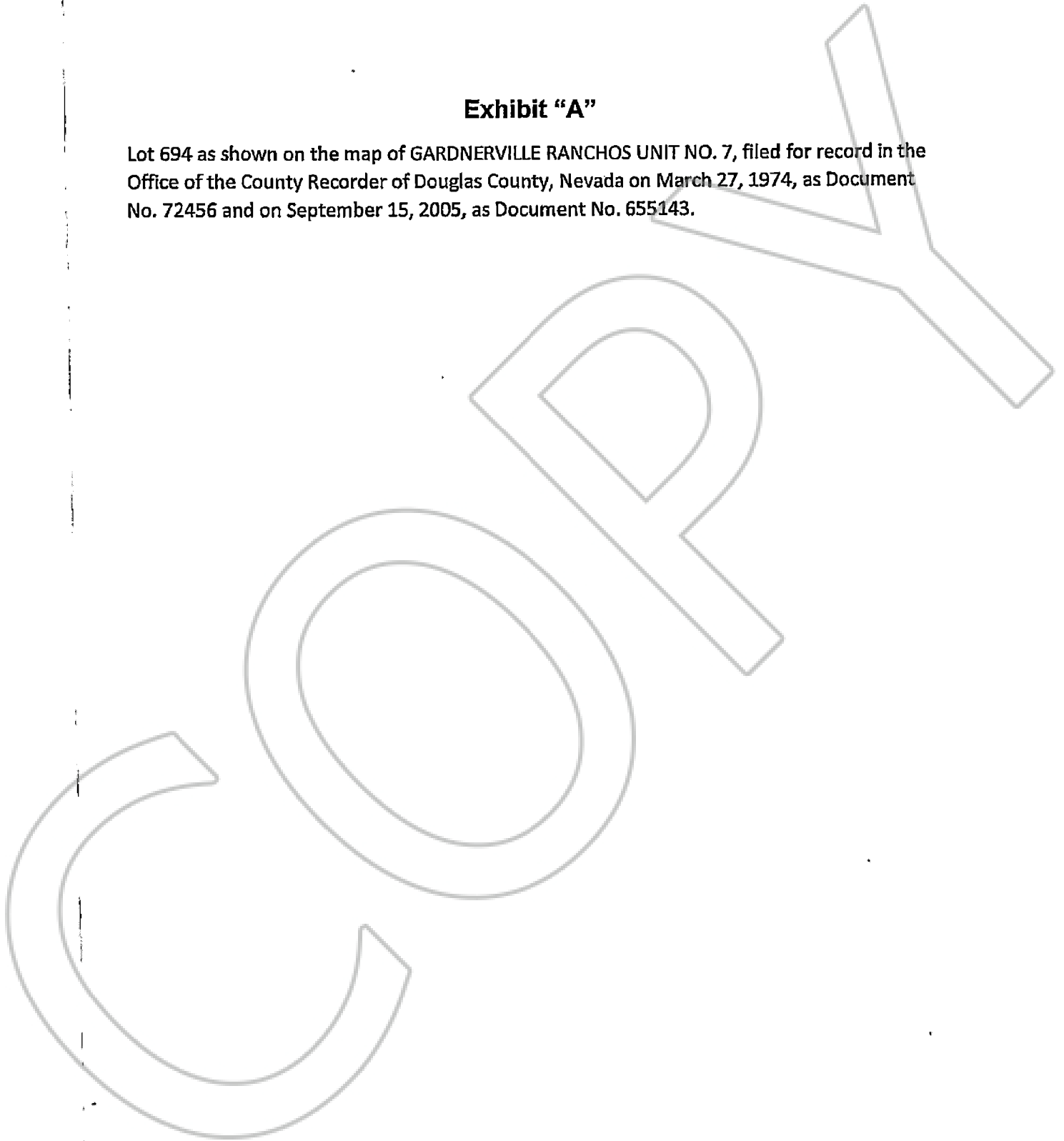
*J. Forrest*

Signature of Notarial Officer

 **J. FORREST**  
COMM. #2331381  
Notary Public - California  
Fresno County  
My Comm. Expires Aug. 25, 2024

**Exhibit "A"**

Lot 694 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada on March 27, 1974, as Document No. 72456 and on September 15, 2005, as Document No. 655143.



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4261137

**CERTIFICATE OF DEATH**

2022000975  
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

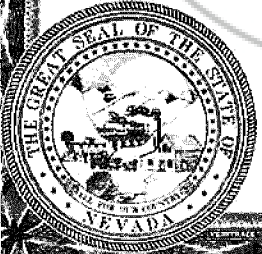
CERTIFIER

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) <b>Paul Rodney FINAN</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>January 14, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or number) <b>693 Lassen Way</b>		3d. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify)	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>83</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-9819</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Raymond FINAN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elsie BOEINGER</b>			
18a. INFORMANT - NAME (Type or Print) <b>Margaret FINAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>693 Lassen Way Gardnerville Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lampa Ln Carson City NV 89701</b>	
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) <b>ROBERT T FLOYD MD</b>			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) <b>January 19, 2022</b>		21c. HOUR OF DEATH <b>15:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Robert T Floyd MD 180 Ox-Yoke Lane Reno, NV 89521</b>					23b. LICENSE NUMBER <b>14346</b>
24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 19, 2022</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Protein Calorie Malnutrition</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Methacillin Sensitive Staphalococcus Bacteremia</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Unknown Etiology</b>					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.					25. AUTOPSY (Specify Yes or No) <b>No</b>
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

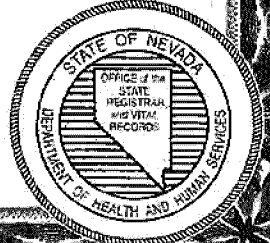
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Shana Rhinehart*

DATE ISSUED: **1/25/2022**

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE