

17-  
APN 1419-12-510-013

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
  : ss.  
CARSON CITY                )

EDITH R. GRIFFIN, being first duly sworn, deposes and says as follows:

1. That your Affiant is over the age of twenty-one (21) years of age and competent to be a witness as to the matters hereinafter stated. Further, your Affiant is the surviving spouse of JAMES P. GRIFFIN.

2. That the real property described in one certain Deed recorded on December 31, 1981, in the Official Records of Douglas County, State of Nevada, as Document No. 63643, is all that real property situate in Douglas County, State of Nevada, commonly known as 760 Jacks Valley Road, and more particularly described as follows:

Parcel 2, as shown on the Parcel Map filed in the office of the County Recorder of Douglas County, Nevada on May 25, 1977, in Book 577 of Maps at Page 1319, under Document No. 09473.

APN 1419-12-510-013.

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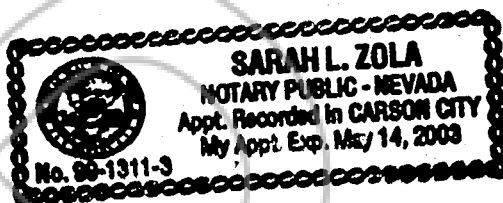
3. That JAMES P. GRIFFIN was one of the Grantees named in said Deed and was the identical person named as JAMES P. GRIFFIN, the Decedent, in that certain death certificate, a certified copy of which is attached hereto and made a part hereof by reference thereto.

DATED this 24 day of May, 2002.

  
EDITH R. GRIFFIN

SUBSCRIBED and SWORN TO  
before me by EDITH R. GRIFFIN  
this 24 day of May, 2002.

  
NOTARY PUBLIC (SEAL)



MAIL TAX STATEMENTS TO:  
Ms. Edith R. Griffin  
760 Jacks Valley Road  
Carson City, NV 89705

✓  
WHEN RECORDED, MAIL TO:  
Robert L. Crowell, Esq.  
Crowell, Susich, Owen & Tackes, Ltd.  
Post Office Box 1000  
Carson City, NV 89702

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER					
1. James P. GRIFFIN		2. January 26, 2002		3a. Douglas		COUNTY OF DEATH					
3b. Jacks Valley		3c. 760 Jacks Valley Road		3e. Male		4. Male					
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. 74		7a. 74		7b. :		7c. :		8. April 27, 1927	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)			
9a. New York		9b. U.S.A.		10. 12		11. Married		12. Edith Hawkins			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY							
13. ████████-8476		14a. Stationary Engineer		14b. Gaming Industry							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		RD.		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Carson City		15d. 760 Jacks Valley Rd.		15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last									
16. Frank Griffin		17. Josephine Carol									
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)									
18a. Edith Griffin		18b. 760 Jacks Valley Rd. Carson City, Nevada 89705									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State							
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada							
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY							
20a. [Signature]		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV 89703							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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) and manner stated. (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. 1-28-02		21f. 04:55		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)		22f. AT	
21g. ON		21h. AT									
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER.) (Type or Print.)		LICENSE NUMBER									
23a. Timothy Gentner M.D. 1200 N. Mountain St. Carson City, NV. 89703		23b. 7494									
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE							
24a. [Signature]		24b. Jan. 28, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death									
PART I (a) Lung Cancer		Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death									
(b) Smoking Tobacco		Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death									
(c)											
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)							
26. No		27. Yes									
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
28a.		28b.		28c. M		28d.					
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
28e.		28f.		28g.							

STATE REGISTRAR

No. 214841



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN 28 2002

0543334

State Registrar

*Gyonne Sylva*

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0502 PG 09218

COPY

REQUESTED BY  
Robert L Crowell Esq  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAY 30 AM 9:41

LINDA SLATER  
RECORDER

\$ 17<sup>00</sup> PAID kg DEPUTY

0543334

BK0502PG09219