## 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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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.

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



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

DECE	ASED—NAME First		Middle	Last	Th	ATE OF DEATH (Month	Day Vasa	STATE FILE NUI	
	ASED—IVAME FIISL							COUNTY	JF DEATH
1.	Jame		P.	GRIFFI		oundary.			ouglas
CITY,	TOWN OR LOCATION O	F DEATH	HOSPITAL OR OTH	HER INSTITUTION—Name (If no	ot either, give street		sp. or Inst. indic npatient (Specif	ate DOA, OP/Emer. by)	SEX
	Jacks Valle			acks Valley R		Зе.			4 Male
RACE	—(e.g., White, Black, Amelindian, etc.) (Specify)	erican W	Vas Decedent of Hispanic (	Origin? Specify ☐ yes 🔀 no If yo erto Rican, etc.	es, AGE—Last Birthday (Year	S) MOS • DAYS	HOURS •		i (Mo., Day, Yr.)
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						100		Kd .   (Specify	Yes or No)
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- FAIDE	***		Middle		OTHER—MAIDEN	NAME FIRST		Middle	Last
16.	Frank			Griffin 1		Joseph:			arol
INFOF	RMANT—NAME (Type or	Print)		MAILING ADDRES	<b>SS</b>	(Street or R.F.D. N	o., City or Town	n, State, Zip)	$\setminus$ /
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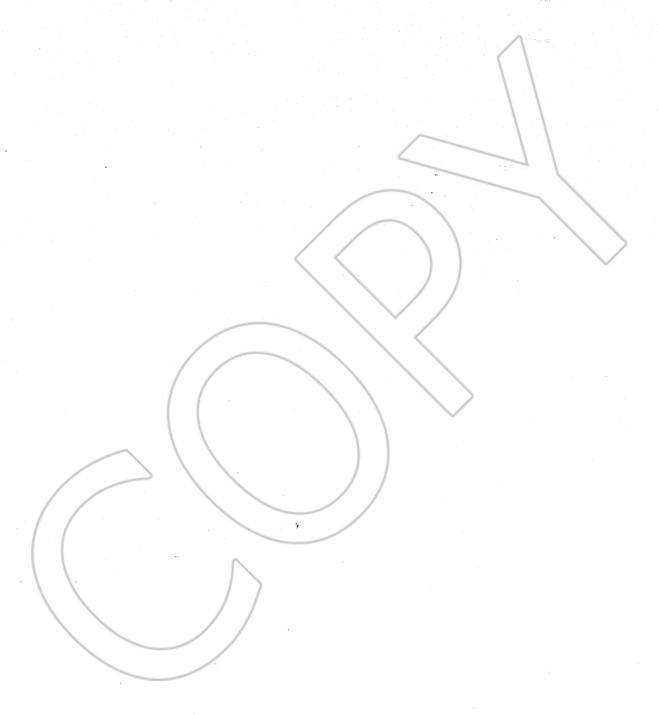
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN 2 8 2002

0543334

State Registrar

VARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMEN



REQUESTED BY

REQUESTED BY

IN OFFICIAL RECORDS OF

DOUGLAS CO., HEVADA

2002 MAY 30 AM 9: 41

LINDA SLATER
RECORDER

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