

APN: 1220-21-010-040

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0407 PG- 1514 RPTT: 0.00

AFFIDAVIT DEATH OF A JOINT



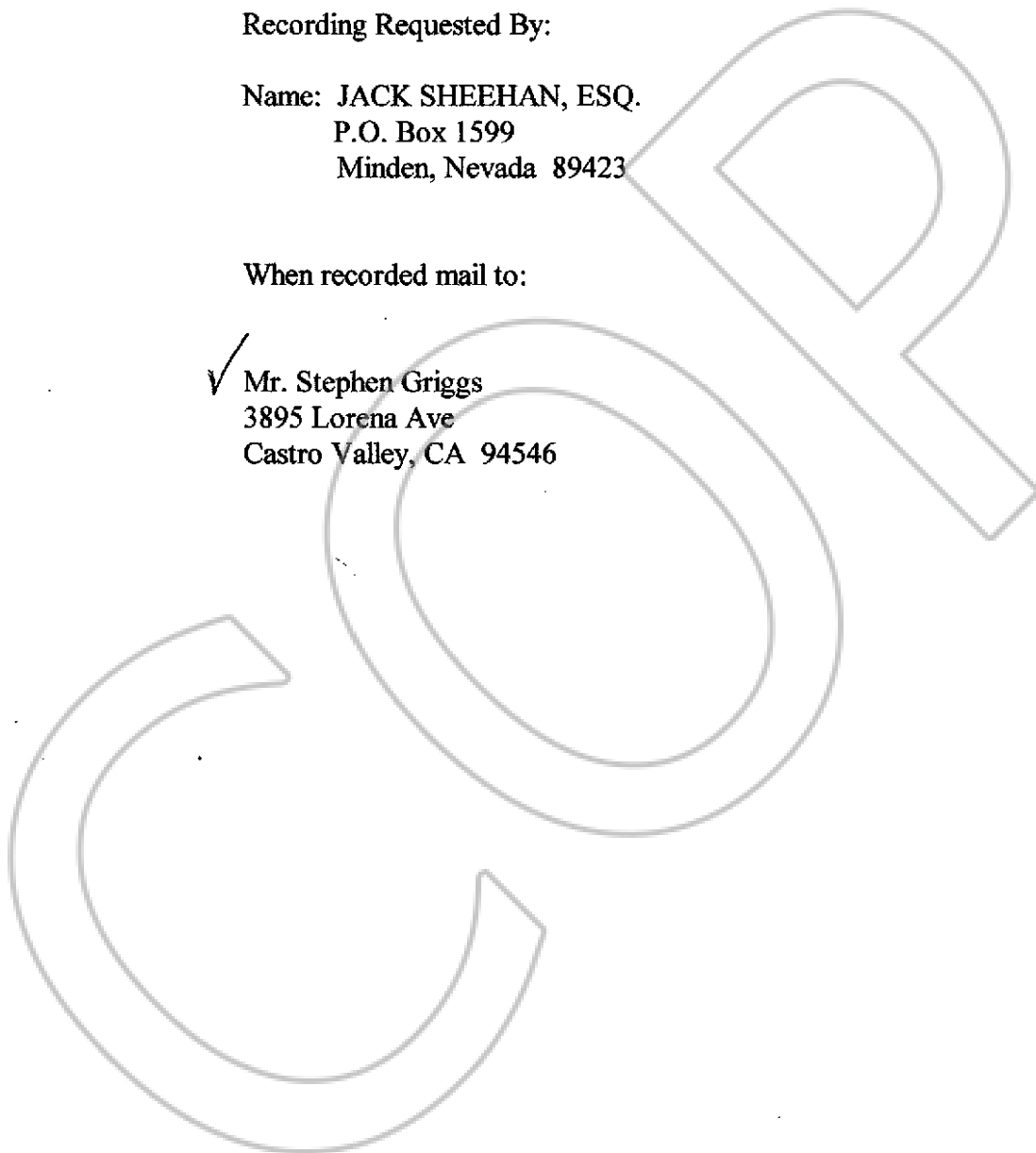
Tenant

Recording Requested By:

Name: JACK SHEEHAN, ESQ.
P.O. Box 1599
Minden, Nevada 89423

When recorded mail to:

✓ Mr. Stephen Griggs
3895 Lorena Ave
Castro Valley, CA 94546



AFFIDAVIT DEATH OF A JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, STEPHEN MERLE GRIGGS, of legal age, being duly sworn, deposes and says that CARL GRIGGS, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as CARL GRIGGS named as one of the parties in that certain Grant, Bargain and Sale Deed dated June 1, 2005 , executed by CARL GRIGGS and EDITH GRIGGS, signed by CARL GRIGGS as Guardian of her person and estate, to CARL GRIGGS; EDITH GRIGGS husband and wife and STEPHEN MERLE GRIGGS, a married man as his sole and separate property, as joint tenants with right of survivorship recorded as instrument number 0646185, on June 6, 2005 in Book 0605, Page 2150, RPTT: #9, of Official Records of Douglas County, Nevada, and the AFFIDAVIT DEATH OF A JOINT TENANT, dated October 17, 2005, executed by CARL GRIGGS, signed by CARL GRIGGS, to CARL GRIGGS; EDITH GRIGGS husband and wife and STEPHEN MERLE GRIGGS, a married man as his sole and separate property, as joint tenants with right of survivorship recorded as document 0659671 on June November 2, 2005, in Book 1105; page 1146, of Official Records of Douglas County, Nevada, covering the following described property:

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Lot 45, 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, in Book 374, Page 676, as File No. 72456.

A.P.N. 29-293-23

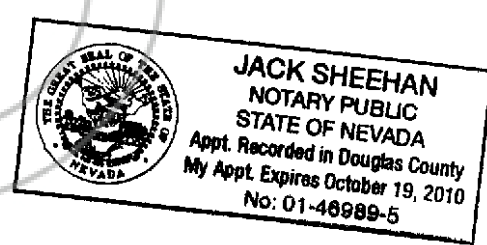
DATED this 4 day of April 2007.


STEPHEN MERLE GRIGGS

SUBSCRIBED and SWORN to before me

this 4 day of April 2007.


NOTARY PUBLIC



WHEN RECORDED MAIL TO:

Mr. Stephen Griggs
3895 Lorena Ave
Castro Valley, CA 94546

CERTIFICATION OF VITAL RECORD

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH
VITAL STATISTICS**

2007001288
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 Carl			1b. MIDDLE Joe			1c. LAST GRIGGS			2. DATE OF DEATH (Mo/Day/Year) March 18, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1312 Joette Court				3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Male			
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 01, 1930		
9a. STATE OF BIRTH (If not U.S.A., name country) Texas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER ████████ 7361				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) U. S. Navy				14b. KIND OF BUSINESS OR INDUSTRY U. S. Government						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1312 Joette Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Carl GRIGGS						17. MOTHER - NAME (First Middle Last Suffix) Arvey PYE								
18a. INFORMANT - NAME (Type or Print) Stephen GRIGGS				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3895 Lorena Avenue Castro Valley, California 94546										
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
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) ANDREA WEED D.O. 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) March 23, 2007				21c. HOUR OF DEATH 19:25				22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH				
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) ANDREA WEED D.O. /1007 N. Curry Street Carson City, NV 89703										23b. LICENSE NUMBER 0675				
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 26, 2007				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))														
PART I (a) OligoAstrocytoma - Grade 3; Brain Cancer										Interval between onset and death Year				
DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Renal Cell Carcinoma										Interval between onset and death Year				
DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary Disease										Interval between onset and death Years				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC. SUICIDE, HGM, UNDET. 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		

STATE REGISTRAR

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T06590 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.

DATE ISSUED: **03/26/2007**

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

PHNCO (Rev) 11/06

SIGNATURE AUTHENTICATED

