

DOUGLAS COUNTY, NV **2019-924752**
Rec:\$35.00
\$35.00 Pgs=3 01/18/2019 02:50 PM
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Roger D. Griggs, Surviving Trustee of The Griggs
Revocable Inter Vivos Trust, U/T/D October 21,
1992
596 Hwy 395
Gardnerville, NV 89410

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01806488RLT

APN No.: 1121-05-512-031

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

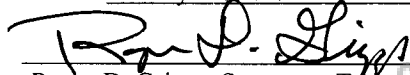
Roger D. Griggs, being duly sworn, deposes and says:

1. Lynn L. Griggs, the decedent mentioned in attached copy of Certificate of Death, is the same person as Lynn L. Griggs named as one of the trustee(s) in that certain Quitclaim Deed dated 11-19-18, executed by Pine View Estates Home Owners Association to Roger D. Griggs and Lynne K. Griggs, Trustees of the Griggs Revocable Inter Vivos Trust u/t/d October 21, 1992, recorded on 11-26-18 as instrument number 2018-922712, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Roger D. Griggs, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

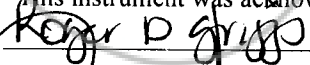
Dated: January 14, 2019




Roger D. Griggs, Successor Trustee

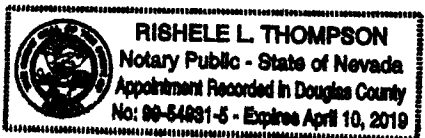
STATE OF NEVADA
COUNTY OF DOUGLAS

} SS: 11/11/19

This instrument was acknowledged before me on _____,
by  _____



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3953534

CERTIFICATE OF DEATH

2017008420
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lynne Kay GRIGGS		2. DATE OF DEATH (Mo/Day/Year) April 28, 2017		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 address) Continuicare Hospital of Carson Tahoe, Inc.		3d. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 25, 1951	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Roger GRIGGS			
PARENTS	13. SOCIAL SECURITY NUMBER 6424		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bank Manager		14b. KIND OF BUSINESS OR INDUSTRY Banking	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
POSITION	15d. STREET AND NUMBER 3284 Highland Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER-PARENT- NAME (Type or Print) Jack BUELCHER	
	16. MOTHER-PARENT- NAME (Type or Print) Eleanor THOMAS		18a. INFORMANT- NAME (Type or Print) Roger GRIGGS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3284 Highland Way Gardnerville, Nevada 89410	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD		21b. DATE SIGNED (Mo/Day/Yr) May 05, 2017		21c. HOUR OF DEATH 04:20	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
CAUSE OF DEATH	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 05, 2017		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cholangiocarcinoma With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (c) Malignant Ascites DUE TO, OR AS A CONSEQUENCE OF: (d) Obstructive Mass		Interval between onset and death			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Malnutrition				26. AUTOPSY (Specify Yes or No)	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., 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				

Information Corrected, State Affidavit# 65668, 06/13/2017 - 2

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

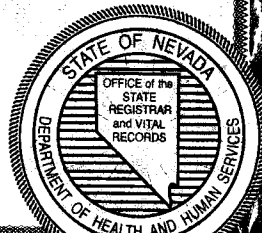
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUN 15 2017

Cody K. Hiney
STATE REGISTRAR

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



Order No.: 01806488-RLT

EXHIBIT A

All that certain real property situate in the City of Gardnerville, County of Douglas, State of Nevada, described as follows:

Lot 74 as set forth on Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 3, being filed for record in the office of the Douglas County Recorder on February 15, 2002 in Book 0202, Page 5047, as Document No. 534794 as set forth on Amended Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 3, recorded September 4, 2002, in Book 0902, Page 2510, as Document No. 551762, Official Records.

APN: 1121-05-512-031

