

APN: 1221-06-001-039

Recording Requested By/ Return To:

HERITAGE LAW, A Division of  
KALICKI COLLIER, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



00144419202109759860040048

KAREN ELLISON, RECORDER

Mail Future Tax Statements To:

Paula Brenn, Successor Trustee  
2079 Fish Springs Rd.  
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

**AFFIDAVIT OF DEATH OF SURVIVING SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS    )

PAULA BRENN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That GEOFFREY M. GRIFFIN, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as GEOFFREY M. GRIFFIN, Settlor and Trustee of the *Geoffrey M. Griffin Living Trust, dated September 3, 2009*, and any amendments thereto (hereinafter: the Trust) and named as the grantee in that certain Grant, Bargain and Sale Deed dated August 9, 2018, and recorded on August 15, 2018, as Document No. 2018-918133 of Official Records of Douglas County, State of Nevada, which Grant, Bargain and Sale Deed pertains to property situated at 2079 Fish Springs Road, Gardnerville, Douglas County, Nevada, and more precisely described as:

**Lot 93 of FISH SPRINGS ESTATES, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document No 68451.**

Pursuant to NRS 111.312, the above legal description was previously recorded in Affidavit – Death of Trustee recorded as Document No. 2018-910453 of Official Records of Douglas County, State of Nevada, on August 15, 2018.

The Trust was in effect at the date of death of Decedent and has not been revoke.

I, PAULA BRENN shall forthwith serve as sole Successor Trustee of the *Geoffrey M. Griffin Living Trust, dated September 3, 2009*, and any amendments thereto.

I, PAULA BRENN, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

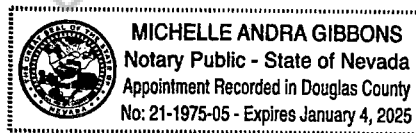
Dated: October 11, 2021.

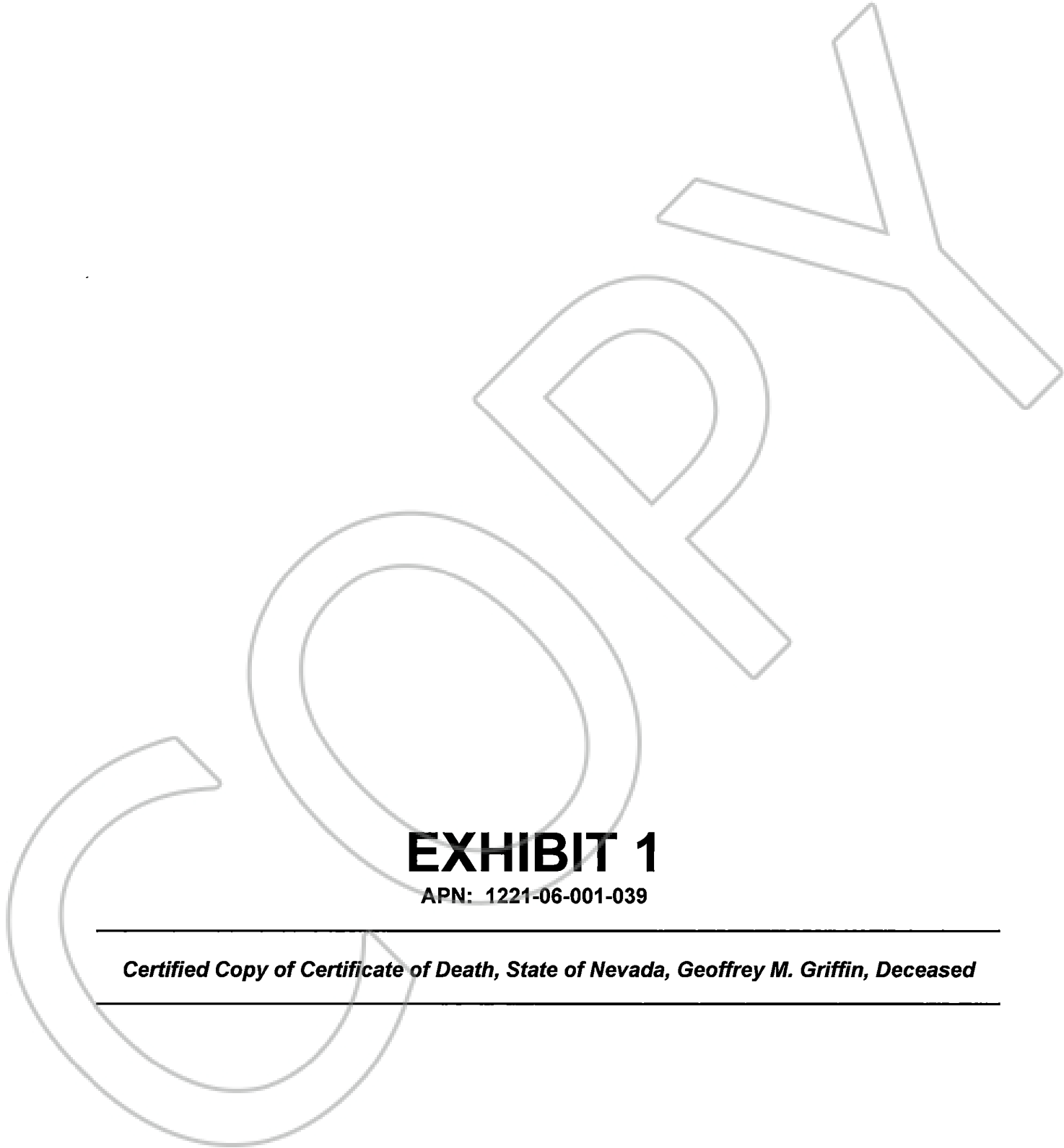
  
PAULA BRENN

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF DOUGLAS    )

On October 11, 2021, before me, a Notary Public, personally appeared PAULA BRENN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

  
Notary Public





**EXHIBIT 1**

APN: 1221-06-001-039

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*Certified Copy of Certificate of Death, State of Nevada, Geoffrey M. Griffin, Deceased*

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

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

CASE FILE NO. 4234385

**CERTIFICATE OF DEATH**

2021023218  
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  
STARTING THE  
UNDERLYING  
CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Geoffrey Mitchell GRIFFIN</b>		2 DATE OF DEATH (Mo/Day/Year) <b>September 06, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6. Hispanic-Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 08, 1942</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>██████████-1435</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>ACCOUNTANT</b>		14b KIND OF BUSINESS OR INDUSTRY <b>ACCOUNTING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>2079 Fish Springs Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>John E GRIFFIN</b>			17 MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Hellen E PATTON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Paula Mae BRENN</b>		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>2079 Fish Springs Road Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c LOCATION City or Town State <b>Fallon Nevada 89407</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JEFF T SMITH</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD47</b>		20c. NAME AND ADDRESS OF FACILITY <b>Smith Family Funeral Home</b> <b>PO BOX 1545 Fallon NV 89407</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>KEVIN D HALOW MD</b> <b>SIGNATURE AUTHENTICATED</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>September 23, 2021</b>		21c. HOUR OF DEATH <b>04:36</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>Kevin D Halow MD 1375 Vista Lane Carson City, NV 89703</b>				23b LICENSE NUMBER <b>10915</b>	
24a REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 23, 2021</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Cardiac Arrest</b>				<b>1 Min</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Chronic obstructive pulmonary disease</b>				<b>10 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>See Above</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Smoking</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>None</b>				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



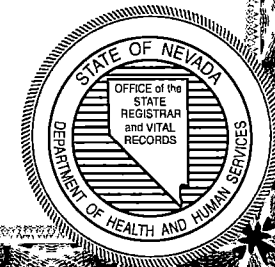
CERTIFIED COPY OF VITAL RECORDS

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: 9/28/2021

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

*Wesley T Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE