

**RECORDING REQUESTED BY:**  
ALLING & JILLSON, LTD.

**AND WHEN RECORDED MAIL TO:**

ALLING & JILLSON, LTD.  
Post Office Box 3390  
Lake Tahoe NV 89449-3390

**AFFIDAVIT OF DEATH OF JOINT TENANT**

LINDA GRIFFIN, being first duly sworn, deposes and says:

1. That Affiant LINDA GRIFFIN, was a joint tenant with rights of survivorship, with JAMES GRIFFIN with respect to certain real property more particularly described below.

2. That JAMES GRIFFIN died on or about October 21, 2021, in Harris County, Texas, and is the decedent mentioned in that certain certified copy of the Certificate of Death attached hereto as **Exhibit A**, and incorporated herein by reference.

3. That said JAMES GRIFFIN, is one of the parties in Grant Bargain Sale Deed, dated October 20, 2021, and executed by James Griffin and Linda Griffin, husband and wife as tenants in common, known as "Grantors", to James Griffin and Linda Griffin, husband and wife, as community property with rights of survivorship known as "Grantees", recorded on October 22, 2021, in the Official Records of Douglas County, Nevada, as Document No. 2021-975897, the same conveying that certain real property in the County of Douglas, State of Nevada, and more particularly described as follows:

LOT 53 IN BLOCK D AS SHOWN ON THE OFFICIAL MAP OF KINGSBURY HEIGHTS SUBDIVISION FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 5, 1959 AS DOCUMENT NO. 14738.

**APN: 1318-23-813-021**

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4. That all of said real property was vested in LINDA GRIFFIN upon the death of JAMES GRIFFIN as of his date of the death.

DATED: February 16, 2021

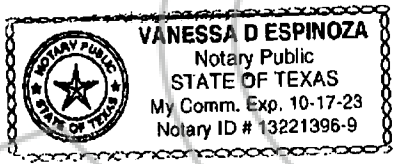
Linda Griffin  
LINDA GRIFFIN

State of Texas  
County of Harris

Before me, Vanessa Espinoza Relationship Manager & Lending Specialist  
(insert the name and character of the officer),

on this day personally appeared Linda Griffin, known to me (or proved to me on the oath of N DL or through (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

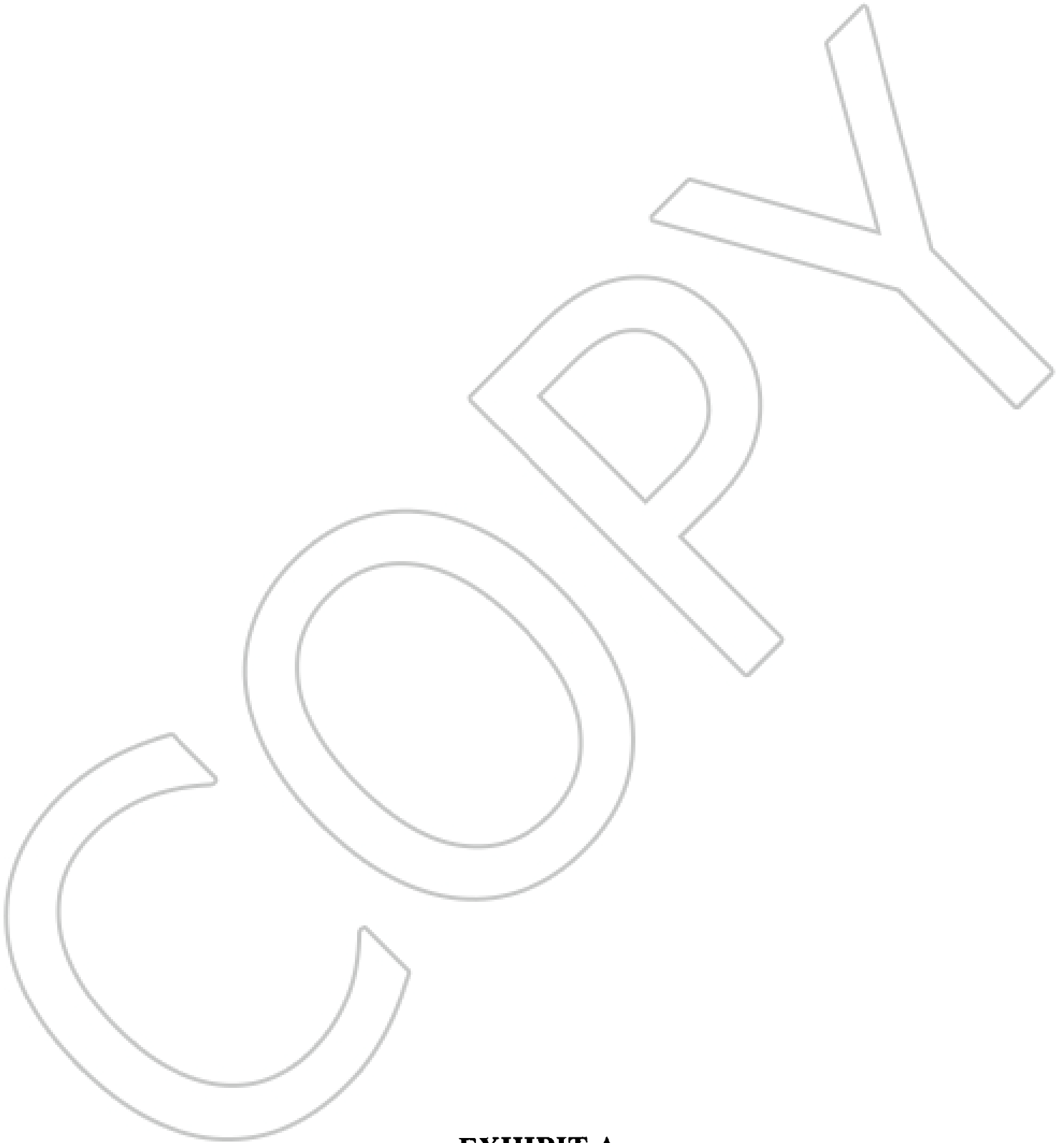
Given under my hand and seal of office this 16th day of February, 2022 <sup>vs</sup>



(Personalized Seal)

[Signature]  
Notary Public's Signature

**EXHIBIT A**



**EXHIBIT A**

# STATE OF TEXAS CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
Oct 27 2021

142-21-216264

**STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>JAMES SIDNEY GRIFFIN</b>				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>OCTOBER 21, 2021</b>	
3. SEX <b>MALE</b>		4. DATE OF BIRTH (mm-dd-yyyy) <b>JULY 26, 1934</b>		5. AGE-Last Birthday (Years) <b>87</b>	
6. BIRTHPLACE (City & State or Foreign Country) <b>FRANKLIN, TX</b>		7. SOCIAL SECURITY NUMBER <b>3203</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) <b>LINDA ANNE VU</b>				10. APT. NO. <b>VU</b>	
10a. RESIDENCE STREET ADDRESS <b>258 CHIMNEY ROCK ROAD</b>				10c. CITY OR TOWN <b>HOUSTON</b>	
10d. COUNTY <b>HARRIS</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>77024</b>	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE <b>SIDNEY HURLEY GRIFFIN</b>				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE <b>BLANCHE OSA BURNSIDE</b>	
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH <b>HARRIS</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>HOUSTON, 77024</b>		16. FACILITY NAME (If not institution, give street address) <b>258 CHIMNEY ROCK ROAD</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>CYNTHIA LYNN GRIFFIN - DAUGHTER</b>				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>5407 BLOSSOM STREET, HOUSTON, TX 77007</b>	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>DEBBIE ROSS, BY ELECTRONIC SIGNATURE - 118862</b>		21. Section <b>STREAM GARDEN</b> Block Lot <b>72</b> Space <b>3</b>	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>GLENWOOD CEMETERY</b>				23. LOCATION (City/Town, and State) <b>HOUSTON, TX</b>	
24. NAME OF FUNERAL FACILITY <b>JOSEPH J. EARTHMAN GENERATIONS</b>				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>234 WESTCOTT, HOUSTON, TX 77007</b>	
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.					
27. SIGNATURE OF CERTIFIER <b>SIMEON MINGTACK KWAN, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>OCTOBER 27, 2021</b>		29. LICENSE NUMBER <b>P4880</b>	
30. TIME OF DEATH (Actual or presumed) <b>06:30 AM</b>				31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>SIMEON MINGTACK KWAN 2926 GEORGETOWN ST, HOUSTON, TX 77005</b>	
32. TITLE OF CERTIFIER <b>DO</b>				33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. MALIGNANT NEOPLASM OF LIVER</b> Due to (or as a consequence of):  <b>b.</b> Due to (or as a consequence of):  <b>c.</b> Due to (or as a consequence of):  <b>d.</b>	
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING <b>PARKINSONS, MELANOMA</b>					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				40f. COUNTY OF INJURY	
40e. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR <i>Tara Das</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Nov 01 2021

*Tara Das*  
TARA DAS  
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

