

APN# 1320-35-001-041



00150705202209816020040042

Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: SHARON R JEWELL

Address: 6410 W COPPER SPRINGS RD

City/State/Zip: PHOENIX AZ 85083

Mail Tax Statements to:

Name: SHARON R JEWELL

Address: 6410 W COPPER SPRINGS RD

City/State/Zip: PHOENIX AZ 85083

Affidavit - Death of TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Sharon R Jewell  
Signature

SHARON R JEWELL  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit - Death of Trustee**

RECORDING REQUESTED BY                                     )  
   ) S.S.  
The State of Nevada   )  
County of Douglas

I, Sharon R. Jewell, of Phoenix, Arizona, DO SOLEMNLY DECLARE THAT:

1. Sharon R. Jewell (Declarant) is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Gary Griffith (Decedent) is the person referenced in the attached certified copy of the Certificate of Death who died on 14 December 2021 at Gardnerville Nevada.

2. Decedent is the same person named as the trustee named in that certain dated July 7, 2008 executed be Gary Griffith as trustor (The Trust).

3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Deed dated July 7, 2008 which was recorded as Instrument No. 726531 in Book 708, Page 1712, of Official Records of Douglas County, Nevada as legally described as follows:

Lot 7, Block F, as set forth on the map of Wildflower Ridge Subdivision Unit No. 5, filed for record on December 19, 1990, Book 1290, Page 2543, Document No. 241310, Official Records of Douglas County, Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profit thereof.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

A.P.N. 1320-35-001-041 Affidavit -Death of Trustee - continued.

All statements made are of my own knowledge and are true and that all statements made on information and belief are believed to be true.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 24<sup>th</sup> day of February, 2022.

STATE OF NEVADA

COUNTY OF DOUGLAS

SUBSCRIBED AND SWORN TO BEFORE

ME, on the 24<sup>th</sup> day of

February, 2022

Sharon R Jewell

(Signature)

Sharon R. Jewell

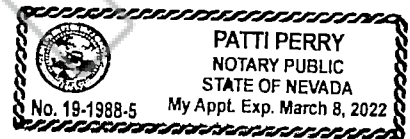
Signature Patti Perry

(Seal)

NOTARY PUBLIC

My Commission expires:

03/08/2022



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

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

CASE FILE NO. 4254928

**CERTIFICATE OF DEATH**

2021032812  
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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gary GRIFFITH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 14, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>1516 Wildflower Ct</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-6628</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</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>1516 Wildflower Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Theodore GRIFFITH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose FRIETAG</b>		
18a. INFORMANT- NAME (Type or Print) <b>Sharon JEWELL</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>6410 W Copper Springs Rd Phoenix, Arizona 85083</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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>JEFFREY BASA MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 16, 2021</b>		21c. HOUR OF DEATH <b>18:49</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>		23b. LICENSE NUMBER <b>8079</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 03, 2022</b>		24d. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Bladder Cancer</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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	



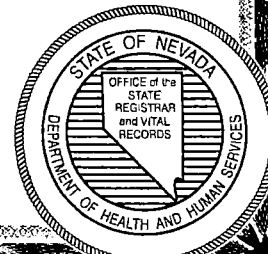
CERTIFIED COPY OF VITAL RECORDS

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: **1/13/2022**

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

*Janey Stapp*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE