

APN# 1419-01-801-019



00165171202309941020050056

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Handelin Law, LTD

Address: PO Box 4568

City/State/Zip: Carson City, NV 89702

Mail Tax Statements to:

Name: Jeremiah Griep

Address: 3611 Cherokee Drive

City/State/Zip: Carson City, NV 89705

Affidavit of Death of Joint Tenant

Title of Document (required)

Document # _____ is being (re-)recorded to correct;

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)

Signature
STEVEN P. HANDELIN, ESQ.

Printed Name

APN: 1419-01-801-019

WHEN RECORDED MAIL TO:

Handelin Law, Ltd.
Steven P. Handelin, Esq.
PO Box 4568
Carson City, NV 89702

MAIL TAX NOTICES TO:

Jeremiah Griep
3611 Cherokee Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

I, Jeremiah Griep, Personal Representative of the Estate of Donald George Griep, deceased, being first duly sworn, deposes and says:

That Debra Griep, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as Debra Griep, named as one of the parties in that certain deed dated August 21, 2006, and executed by Edwina H. Bentinck, in her capacity as Co-Trustee of the EH Bentinck Revocable Trust, as Grantor, transferring title to Donald Griep and Debra Griep, husband and wife as joint tenants with right of survivorship, recorded on September 19, 2006 as Document Number 0684728, of the Official Records of Douglas County, Nevada, covering the real property known as 3611 Cherokee Drive, Carson City, Nevada 89705 and described as follows:

SEE EXHIBIT "A"


TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security of the Decedent.

Pursuant to NRS 111.312, this legal description was previously recorded on **April 14, 2016, as Document No. 2016-879362.**

I declare under penalty of perjury, that the foregoing is true and correct.

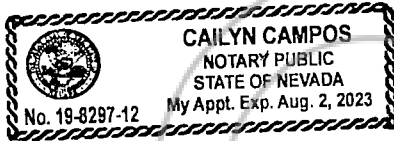
DATED this 17 day February, 2023.



**Jeremiah Griep, Personal Representative
of the Estate of Donald George Griep,
deceased**

STATE OF NEVADA)
 : ss.
CARSON CITY)

This instrument was acknowledged before me on the 17th day of February 2023 by Jeremiah Griep, Personal Representative of the Estate of Donald George Griep, deceased.



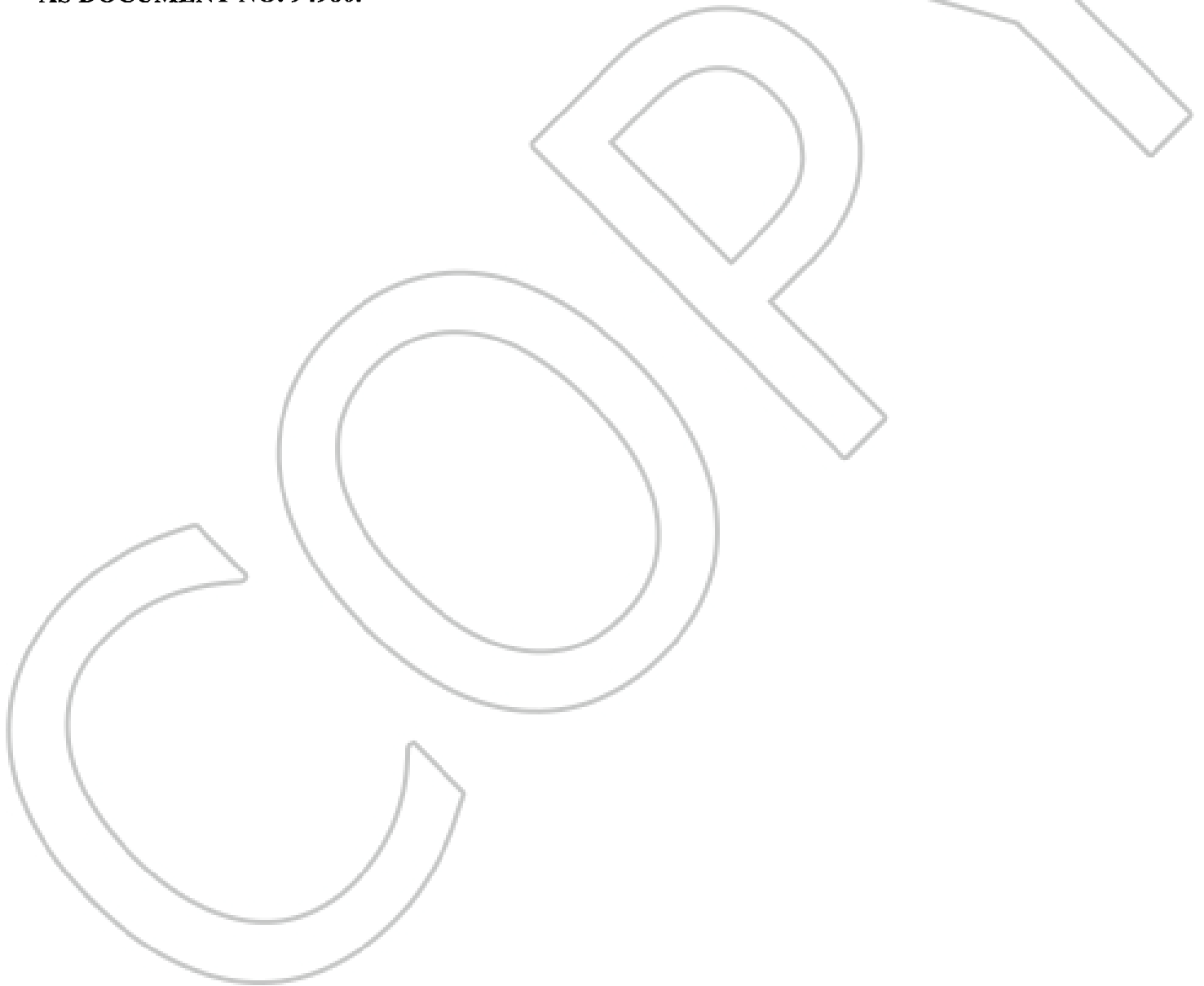


NOTARY PUBLIC

EXHIBIT "A"
Legal Description

**BEING A PORTION OF THE SOUTHEAST ¼ OF THE SOUTHEAST ¼ OF SECTION 1,
TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B.M., FURTHER DESCRIBED AS FOLLOWS:**

**PARCEL A AS SET FORTH ON THAT CERTAIN PARCEL MAP FOR BURTON R. MCCHESENEY
AND MARY D. MCCHESENEY, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY ON JANUARY 26, 1984, IN BOOK 184, PAGE 4318, OFFICIAL RECORDS,
AS DOCUMENT NO. 94980.**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4113104

CERTIFICATE OF DEATH

2019022149
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,MIDDLE,LAST,SUFFIX) Debra Jeanne GRIEP		2. DATE OF DEATH (Mo/Day/Year) November 09, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 3611 Cherokee Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 13, 1952		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donald G GRIEP			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		14b. KIND OF BUSINESS OR INDUSTRY RESTAURANT			
13. SOCIAL SECURITY NUMBER ████████-9709		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of RESTAURANT OWNER		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3611 Cherokee Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Don PAYNE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Donna SAVINS		
18a. INFORMANT- NAME (Type or Print) Donald G GRIEP		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3611 Cherokee Drive Carson City, Nevada 89705			
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) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ATI HAKIMI MD SIGNATURE AUTHENTICATED			22a. To Be Completed by CORONERS OFFICE 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) November 12, 2019		21c. HOUR OF DEATH 22:46		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ati Hakimi MD 5523 S Eastern Ave Las Vegas, NV 89193			
23b. LICENSE NUMBER 12559		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 13, 2019		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) Renal Carcinoma Unknown Etiology Unknown Metastasis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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.

Jan Shugh
Administrator
STATE REGISTRAR

DATE ISSUED: **11/18/2019**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

