

DOUGLAS COUNTY, NV

2023-994205

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\$40.00

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02/23/2023 03:34 PM

STEWART TITLE COMPANY - NV

SHAWNYNE GARREN, RECORDER

<b>A.P.N. No.:</b>	1022-09-002-057
<b>File No.:</b>	1912990 MF
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Suzanne Luck	
3705 Ballman Way	
Wellington, NV 89444	

(for recorders use only)

### AFFIDAVIT- DEATH OF JOINT TENANT TITLE OF DOCUMENT

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (1)(A) and NRS 40.525(5)

*Cheyenne Gamble*  
Signature- Cheyanne Gamble

Escrow Processor  
Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

A.P.N. No.:	1022-09-002-057
File No.:	1912990 MF
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>Mail Tax Statements To:</b>	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Suzanne Luck	
3705 Ballman Way	
Wellington NV 89444	

## AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada                    )  
   ) ss  
 County of Douglas                )

**Suzanne Luck**, of legal age, being first duly sworn, deposes and says: That **Donald Griffin**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald Griffin named as one of the parties in that certain Grant, Bargain, Sale deed dated August 16, 2017 executed by Raul Y. Escamillo and Susan K. Escamillo, husband and wife as joint tenants to Suzanne Luck and Donald Griffin, wife and husband as joint tenants with right of survivorship tenants, recorded as Document No. 2017-904187, on September 18, 2017 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada.

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

Lot 30 as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, in Book 1 of Maps, Page 221, as Document No. 44091.

Dated: 2-17-23, 2023.

*Suzanne Luck*  
 Suzanne Luck

State of Nevada                    )  
   ) ss  
 County of Douglas                )

This instrument was acknowledged before me on the 17<sup>th</sup> day of February, 2023  
 By: Suzanne Luck

Signature: *Lisa Voelka*  
 Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

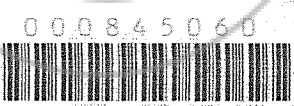
### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4172757

## CERTIFICATE OF DEATH

2020022976  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEDECENT  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) <b>Donald Earl GRIFFIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 13, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>3705 Ballman Way</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>71</b>		
	7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 01, 1949</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>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER <b>5643</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>PLUMBER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>		15a. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>		15d. STREET AND NUMBER <b>3705 Ballman Way</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Buddy GRIFFIN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth TOMLINSON</b>			
18a. INFORMANT- NAME (Type or Print) <b>Suzanne GRIFFIN</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3705 Ballman Way Wellington, Nevada 89444</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>			19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations</b> 1600 Buckeye Rd Minden NV 89423		
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>DEREK C SHORT</b> SIGNATURE AUTHENTICATED			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) <b>DEREK C SHORT</b> SIGNATURE AUTHENTICATED				
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH <b>12:04</b>				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr) <b>December 21, 2020</b>				
			22c. HOUR OF DEATH <b>12:04</b>				
			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 13, 2020</b>				
			22e. PRONOUNCED DEAD AT (Hour) <b>12:04</b>				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Derek C Short PO Box 218 Minden, NV 89423</b>						23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 21, 2020</b>		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) <b>Acute Methamphetamine Toxicity</b> Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) 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. <b>Hypertensive Cardiovascular Disease; Clinical History Of Venous Thromboembolism</b>						26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>							
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>October 13, 2020</b>		28c. HOUR OF INJURY <b>1108</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Accidental Overdose Due To Acute Methamphetamine Toxicity.</b>	
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>3705 Ballman Way, Wellington, Nevada 89444</b> <b>Wellington Nevada</b>			



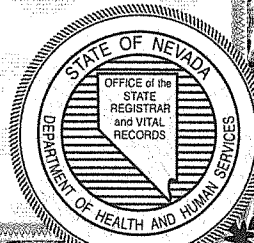
CERTIFIED COPY OF VITAL RECORDS

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: **12/23/2020**

*Jan Shunk*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE