APN 1420-28-311-012

RECORDING REQUESTED BY AND AFTER RECORDING MAIL AFFIDAVIT TO:

Rachelle J. Nicolle Attorney at Law 1662 Highway 395, Suite 214 Minden, NV 89423

MAIL TAX STATEMENTS TO:

Joann V. Larsen 2874 San Juan Circle Minden, NV 89423

I, the undersigned, hereby affirm that this document submitted for recording DOES CONTAIN the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

Doc Number: 0840760 04/08/2014 09:21 AM OFFICIAL RECORDS

Requested By RACELLE J NICOLLE

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

1 Of 3

Fee: \$ 16.00

Bk: 0414 Pg: 1479



AFFIDAVIT OF DEATH OF JOINT TENANT

I, JOANN V. LARSEN, being duly sworn say:

I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death, JOHN WILLIAM LARSEN, is the same person as JOHN W. LARSEN, who is named with me as one of the parties in the deed dated March 1, 2002, executed by H & S Construction, Inc. a Nevada Corporation, and granted to JOHN W. LARSEN and JOANN V. LARSEN, husband and wife, as joint tenants with right of survivorship, recorded as Instrument No. 0536357 on March 6, 2002, in Book 0302, Page 02198, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 144, Block H as shown on the map of SARATOGA SPRINGS ESTATES UNIT 5, filed in the office of the Douglas County Recorder on May 4, 2001, File No. 513570.

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.

As a result of the death of my husband, JOHN WILLIAM LARSEN, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.



IN WITNESS WHEREOF, dated: March 3/, 2014.

Joann V. Larsen

JURAT

State of Nevada) County of Douglas)

WITNESS my hand and official seal.

NOTARY PUBLIC

Nota App My /

SUSAN C. HAPPE Notary Public, State of Nevada Appointment No. 02-73453-5 My Appt. Expires Feb 15, 2018

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES

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23a. TATJANA DELEMUS, 1000 LOCUST STREET, RENC, NEVADA 89502 23b. LL 1696 REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24c. YES NOW 25. IMMEDIATE CAUSE (ENTER ONLY ONE GAUSE/PER LINE FOR (a), (b), AND (c).) PART (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF: (b) ALTERED MENTAL STATUS DUE TO, OR AS A CONSEQUENCE OF: (c) SUSPECTED NEOPLASTIC PROCESS, POSSIBLE LYMPHOMA OTHER SIGNIFICANT CONDITIONS—Conditions conduluding to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No.) HYPOTENSION, ACUTE RENAL FAILURE ACC., SUICIDE HOM, UNDET, DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED ACC., SUICIDE, HOM, UNDET, DATE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28c. 28g.	Signature and Title DATE SIGNED (Mc	D. Day, Yr.) RR 3, 2006 21c.	R OF DEATH 0355	petion s. succession s. succes	ignature and Title) TE SIGNED (Mo., Day, You	:) H	OUR OF DEATH	
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(c) SUSPECTED NEOPLASTIC PROCESS, POSSIBLE LYMPHOMA PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No. 27. NO HYPOTENSION, ACUTE RENAL FAILURE ACC., SUICIDE, HOM, UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED ACC., SUICIDE, HOM, UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28b. 28c. M 28d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. 28g.	Signature and Title DATE SIGNED (MC 21b. OCTOBE NAME OF ATTEND 21d. NAME AND ADDRI 23a. TATJAN REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE	CENTER ONLY ONE GAUSE PER	O 355 N CERTIFIER (Type or Print) ATTENDING PHYSICIAN, MEDICAL DO LOCUST STREET DATE REC 24b. OCT	EEVED BY FIEGES	ignature and Title) NTE SIGNED (Mo., Day, You b. RONOUNCED DEAD (Mo., d. ON XXRONER). (Type or Print. NEVADA 895 TRAR (Mo., Day, Yo.) DEA	Day, Yr.) PI 22 23 24 25 25 27 27 27 27 27 27 27 27 27 27 27 27 27	OUR OF DEATH 20. RONOUNCED DEAD (Hox 20. AT LICENSE NUMBE 230. I.L 16 MMUNICABLE DISEASE	ur) ER 596
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and legal copy of the certificate on file in this office. This is to certify that the above in a try

OCT. 0 9 2006. Date: Deputy Registrar: