

Doc Number: **0840760**

04/08/2014 09:21 AM

OFFICIAL RECORDS

Requested By  
**RACELLE J NICOLLE**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0414 Pg: 1479



Deputy: gb

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)]

**AFFIDAVIT OF DEATH OF JOINT TENANT**

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

1. 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.

2. 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 31, 2014.

Joann V. Larsen  
Joann V. Larsen

JURAT

State of Nevada     )  
County of Douglas    )

Signed and Sworn to before me on March 31, 2014 by JOANN V. LARSEN.

WITNESS my hand and official seal.

Susan C. Happe  
NOTARY PUBLIC



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

#### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

#### DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

### CERTIFICATE OF DEATH

2006002609

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: John, Middle: William, Last: LARSEN			2. DATE OF DEATH (Month, Day, Year) October 1, 2006		3. COUNTY OF DEATH Washoe County		
	3b. CITY, TOWN OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) V.A. Medical Center		3e. Inpatient		
DECEDENT	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 72		8. DATE OF BIRTH (Mo., Day, Yr.) May 1, 1934	
	9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER -5217		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Salesman		14b. KIND OF BUSINESS OR INDUSTRY Petroleum Equipment			
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 2874 San Juan Cir	
PARENTS	16. FATHER—NAME First: William, Middle: Larsen, Last: Larsen			17. MOTHER—MAIDEN NAME First: Gladys, Middle: Finley, Last: Finley				
	18a. INFORMANT—NAME (Type or Print) Joann Larsen			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2874 San Juan Circle Minden, Nevada 89423				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION Reno Nevada			
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Wm. Hamon</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09		20c. NAME AND ADDRESS OF FACILITY Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>T. Selek</i> MD				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) and manner stated. (Signature and Title) <i>T. Selek</i> MD			
	21b. DATE SIGNED (Mo., Day, Yr.) OCTOBER 3, 2006		21c. HOUR OF DEATH 0355		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22e. AT	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) TATJANA DELEMUS, 1000 LOCUST STREET, RENO, NEVADA 89502						23b. LICENSE NUMBER LL 1696	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>Sandi Sudo</i> Dep.			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 3, 2006		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).)							
CAUSE OF DEATH	PART I (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
	PART I (b) ALTERED MENTAL STATUS DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 1 WEEK				
PART II (c) SUSPECTED NEOPLASTIC PROCESS, POSSIBLE LYMPHOMA			Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. HYPOTENSION, ACUTE RENAL FAILURE					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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		
28i. STATE								

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STATE REGISTRAR

No. 342151

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: \_\_\_\_\_

*Mary A. Johnson*

Date: **OCT 09 2006**