

APN: 1420-28-311-012
ORDER NO.: 01600631-DKD

DOUGLAS COUNTY, NV	2016-879533
RPTT:\$0.00 Rec:\$17.00	
\$17.00 Pgs=4	04/18/2016 01:21 PM
TICOR TITLE - CARSON	
KAREN ELLISON, RECORDER	E05

FOR RECORDER'S USE ONLY

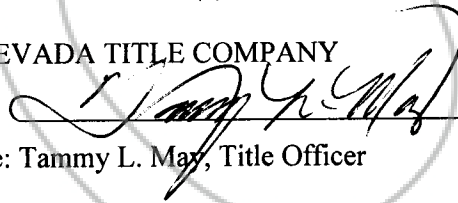
TITLE OF DOCUMENT: AFFIDAVIT – DEATH OF GRANTOR

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:



Print Name/Title: Tammy L. May, Title Officer

WHEN RECORDED MAIL TO:

Sarah A. Crawford
2874 San Juan Circle
Minden, NV 89423

A.P.N. #	1420-28-311-012
Escrow No.	1600631-DKD
Recording Requested By:	
Sarah A. Crawford	
2874 SAN JUAN CIRCLE	
MINDEN, NV 89423	

AFFIDAVIT – DEATH OF GRANTOR

State of Nevada }
} ss.
County of Carson City }

Sarah A. Crawford, being duly sworn, deposes and says that Joann C. Larsen, the decedent mentioned in attached certified copy of Certificate of Death, is the same person as Joann C. Larsen named as the grantor or as one of the grantors in the deed ~~recorded~~ ^{RECORDED} on April 8, 2014 in, records of Douglas County, Nevada, covering the following described property:
→ BOOK 414, PAGE 1482, DOCUMENT NO. 840761

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

Lot 144, Block H, as shown on the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on May 4, 2001, in Book 0501, at Page 1402, as Document No. 513570 and Certificate of Amendment recorded July 17, 2001, as Document No. 518483.

Sarah A. Crawford is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Joann V. Larsen or is the authorized representative of the grantee or at least one of the grantees.

Dated: 4/7/2016

Sarah A. Crawford
Sarah A. Crawford



State of NEVADA }
} ss.
County of CARSON CITY }

This instrument was acknowledged before me on April 7, 2016

By: Sarah A. Crawford

Signature: [Signature]
Notary Public

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015215237 STATE FILE NUMBER		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 10/1/1997 2/09</small>	3201519048400 LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOANN		2. MIDDLE VIRGINIA		3. LAST (Family) LARSEN
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4. DATE OF BIRTH mm/dd/yyyy 09/30/1934	5. AGE Yrs. 81	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER -0238	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 6 races may be listed (see worksheet on back) WHITE
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 50
20. DECEDENT'S RESIDENCE (Street and number, or location) 2874 SAND JUAN CIRCLE				
21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS	23. ZIP CODE 89423	25. STATE/FOREIGN COUNTRY NV
26. INFORMANT'S NAME, RELATIONSHIP SARAH CRAWFORD, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 19315 OLD FRIEND ROAD, CANYON COUNTRY, CA 91351		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST BERTRAM		32. MIDDLE	33. LAST BARKER	
34. BIRTH STATE WA		35. NAME OF MOTHER/PARENT - FIRST ALICE		36. MIDDLE
37. LAST (BIRTH NAME) HUNTER		38. BIRTH STATE WA		
39. DISPOSITION DATE mm/dd/yyyy 11/10/2015		40. PLACE OF FINAL DISPOSITION RESIDENCE SARAH CRAWFORD 19315 OLD FRIEND ROAD, CANYON COUNTRY, CA 91351		
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER
44. NAME OF FUNERAL ESTABLISHMENT ROSE FAMILY FUNERAL HOME		45. LICENSE NUMBER FD1760	46. SIGNATURE OF LOCAL REGISTRAR J. JEFFREY GUNZENHAUSER, MD	
47. DATE mm/dd/yyyy 11/09/2015				
101. PLACE OF DEATH HENRY MAYO NEWHALL MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 23845 MCBEAN PKWY		108. CITY VALENCIA
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIOPULMONARY ARREST (B) PULMONARY EMBOLISM (C) HYPERCOAGULABLE STATE (D) PNEUMONIA		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death: (A) 5 MINS (B) 1 HR (C) DAYS (D) WK		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PROLONGED SEDENTARY				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive:		115. SIGNATURE AND TITLE OF CERTIFIER DEWEY DHARMENDRA PILLAI M.D.		116. LICENSE NUMBER A87833
117. DATE mm/dd/yyyy 11/03/2015		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEWEY DHARMENDRA PILLAI M.D. 23838 VALENCIA BLVD STE 205, VALENCIA, CA 91355		
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy
122. HOUR (24 Hours)				
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)				
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C	D
FAX AUTH.#		CENSUS TRACT		
010001003079115				

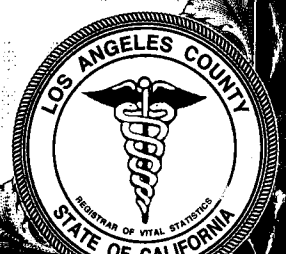
This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Handwritten Signature
 DEWY DHARMENDRA PILLAI, MD
 Director of Public Health and Registrar

ISSUED
DEC - 1 2015

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PNRCO (REV) 06/13

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015215237
STATE FILE NUMBER
AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS
3201519048400
LOCAL REGISTRATION NUMBER

1.1 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST JOANN	1B. MIDDLE VIRGINIA	1C. LAST LARSEN	
	2. SEX F	3. DATE OF EVENT—MM/DD/CCYY 11/03/2015	4. CITY OF EVENT VALENCIA	5. COUNTY OF EVENT LOS ANGELES
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD BERTRAM - BARKER		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD ALICE - HUNTER	

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
10	0238	533320238
20	2874 SAND JUAN CIRCLE	2874 SAN JUAN CIRCLE
31	BERTRAM	BURTON

11. FAMILY CORRECTIONS

REASON FOR CORRECTION

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON 	12B. PRINTED NAME MELISSA WOOD	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4444 COCHRAN STREET, SIMI VALLEY, CA 93063		12E. DATE SIGNED—MM/DD/CCYY 11/23/2015
13A. SIGNATURE OF SECOND PERSON 	13B. PRINTED NAME BRITTANY GROOT	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 4444 COCHRAN STREET, SIMI VALLEY, CA 93063		13E. DATE SIGNED—MM/DD/CCYY 11/23/2015
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		15. DATE ACCEPTED FOR REGISTRATION 11/23/2015

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08) 1.1

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

M. D. Groot, MD
Director of Public Health and Registrar



DEC - 1 2015



STATE OF NEVADA-DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 1420-28-311-012
b)
c)
d)

2. Type of Property:

- a) [] Vacant Land b) [x] Single Fam. Res.
c) [] Condo/Twnhse d) [] 2-4 Plex
e) [] Apt. Bldg f) [] Comm'l/Ind'l
g) [] Agricultural h) [] Mobile Home
i) [] Other

FOR RECORDERS OPTIONAL USE ONLY
Book Page
Date of Recording:
Notes:

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$
Transfer Tax Value \$
Real Property Transfer Tax Due: \$

4. If Exemption Claimed

- a. Transfer Tax Exemption, per NRS 375.090, Section 5
b. Explain Reason for Exemption: Mother to Daughter without consideration

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Capacity Agent
Signature Capacity Agent

SELLER (GRANTOR) INFORMATION (REQUIRED)

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Joann C. Larsen
Address: 2874 San Juan Circle
Minden, NV 89423
City, State, Zip

Print Name: Sarah A. Crawford
Address: 2874 San Juan Circle
Minden, NV 89423
City, State, Zip

COMPANY/PERSON REQUESTING RECORDING (Required if not the Seller or Buyer)

Print Name: Ticor Title of Nevada, Inc. Escrow #: 1600631-DKD
Address: 307 W. Winnie Lane Suite #1
City, State, Zip: Carson City, NV 89703