

A.P.N.: 1420-35-411-009
File No: 143-2521092 (mk)

When Recorded return to, and mail Tax Statements to:

Tina Barrett
PO Box 476
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Tina M. Barrett, of legal age, being first duly sworn, deposes and says:

That **Carl Hubert Barrett**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Carl H. Barrett** named as one of the parties in that certain **Quitclaim Deed** dated **7-13-2007** executed by **Carl H. Barrett and Tina M. Barrett** to **Tina M. Barrett and Carl Hubert Barrett** as joint tenants, recorded as Document No. **0707417** on **8-13-2007** in Book **0807** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 89, IN BLOCK A, AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-02 FOR SKYLINE RANCH PHASE 2 FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON JUNE 18, 2003, IN BOOK 0603, OF OFFICIAL RECORDS, PAGE 9143 AS DOCUMENT NO. 0580419 AND AS AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED JANUARY 08, 2008 IN BOOK 108, PAGE 1564 AS INSTRUMENT NO. 715922 OF OFFICIAL RECORDS.

Tina M. Barrett 6-15-17

Tina M. Barrett

Date

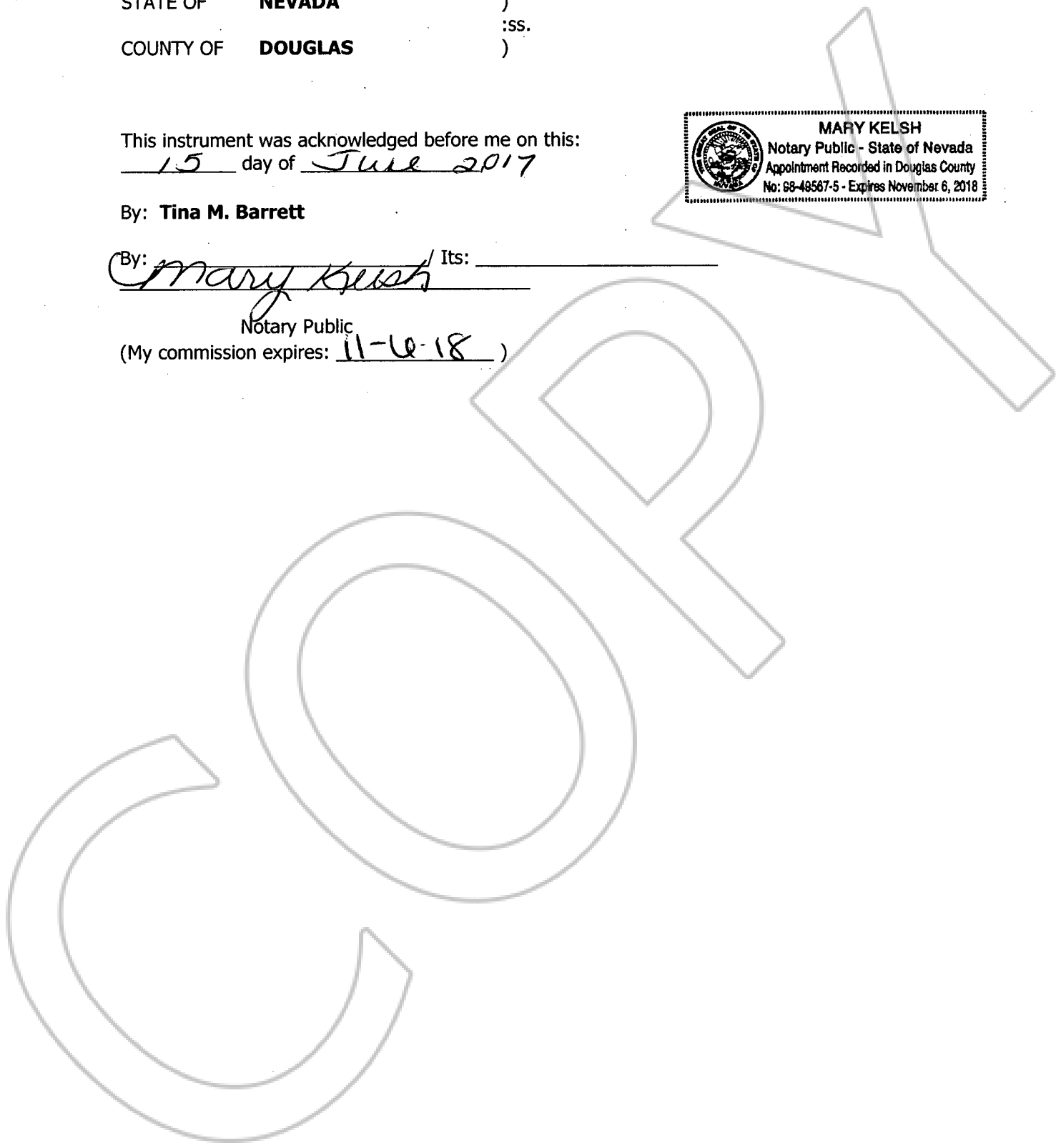
STATE OF **NEVADA**)
)
) :SS.
)
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
15 day of June 2017



By: **Tina M. Barrett**

By: Mary Kelsh Its: _____
Notary Public
(My commission expires: 11-6-18)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3896316

2016010020
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carl Hubert BARRETT		2. DATE OF DEATH (Mo/Day/Year) May 26, 2016		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) 1678 Chiquita Circle Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 56	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) August 04, 1959	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tina ASHCRAFT			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████2088		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Sergeant		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1678 Chiquita Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) William Robert BARRETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Georgia WARLICK		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Tina BARRETT		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1678 Chiquita Circle Minden, Nevada 89423			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) ERIC J SCHINZING		21b. DATE SIGNED (Mo/Day/Yr) June 03, 2016		21c. HOUR OF DEATH 17:17	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) ERIC J SCHINZING		22b. DATE SIGNED (Mo/Day/Yr) June 03, 2016	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Eric J Schinzing P.O. Box 218 Minden, NV 89423		23b. LICENSE NUMBER		22c. HOUR OF DEATH 17:17	
CAUSE OF DEATH	24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 2016		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) Penetrating Contact Gun Shot Wounds Of Chest		26. AUTOPSY (Specify Yes or No) Yes			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF:		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.		28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify) Suicide				
28b. DATE OF INJURY (Mo/Day/Yr) May 26, 2016		28c. HOUR OF INJURY 1717		28d. DESCRIBE HOW INJURY OCCURRED Decedent Died Of Self Inflicted Gun Shot Wound.		
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1678 Chiquita Circle Minden Nevada		

STATE REGISTRAR



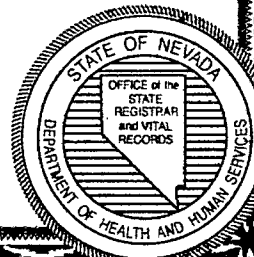
CERTIFIED COPY OF VITAL RECORDS

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: **6/8/2016**

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

Eric J Schinzing
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a