



KAREN ELLISON, RECORDER

35'

APN# 23-484-30, 23-484-29

Recording Requested by/Mail to:

Name: William F. Heckman, Esq.  
Address: 212 East Washington Street  
City/State/Zip: Carson City NV 89701

Mail Tax Statements to:

Name: Carolyn Madsen  
Address: 1348 View Pointe  
City/State/Zip: Gardnerville NV 89410

Affidavit Terminating Joint Tenancy  
Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Deborah R Price  
Signature

Deborah R Price  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA            )  
  )ss.  
CARSON CITY                 )

CAROLYN MADSEN does hereby swear under penalty of perjury that the assertions of this Affidavit are true, and declares the following:

1. CAROLYN MADSEN is the surviving spouse of LARRY C. MADSEN, deceased.

2. LARRY MADSEN died in Douglas County, State of Nevada, on March 11, 2018. A certified copy of the Death Certificate of LARRY MADSEN is attached to this Affidavit and marked as Exhibit "A."

3. On 1999 the undersigned and LARRY MADSEN acquired title as joint tenants to a parcel of real property situated in Douglas County, State of Nevada, and by Deed recorded the real property situate in Gardnerville, Nevada, described as:

"LOT 8, AS SET FORTH ON THE FINAL SUBDIVISION MAP PLANNED DEVELOPMENT #98-04 FOR SCOTT M. AND ANGELA M. SMITH AND DIRK E. AND EILEEN JANSSE FILED FOR RECORD DECEMBER 31, 1998 IN BOOK 1298 AT PAGE 7608 AS DOCUMENT NO. 457788, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA. A PORTION OF APN 23-484-30 A PORTION OF APN 23-484-29

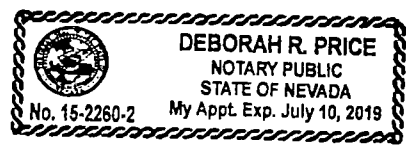
4. At the time of the death of LARRY MADSEN, title to the real property described in paragraph 3 above continued to be held by CAROLYN MADSEN and LARRY MADSEN, as joint tenants. As a result of the death of LARRY MADSEN and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by CAROLYN MADSEN.

DATED this 26<sup>th</sup> day of April, 2018.

*Carolyn M. Madsen*  
CAROLYN MADSEN

SUBSCRIBED and SWORN to before me this 26<sup>th</sup> day of April, 2018.

*Deborah R. Price*  
NOTARY PUBLIC



**EXHIBIT “A”**

**COPY**

**EXHIBIT “A”**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4008980

**CERTIFICATE OF DEATH**

2018005299  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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>Larry Charles MADSEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 11, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 27, 1942</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>South Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>20</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Carolyn Marie BARKER</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-3704</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Nuclear Physicist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Defense</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1348 View Pointe</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leon A MADSEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Wanetta H HANSEN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Carolyn MADSEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1348 View Pointe Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home - 1380 Highway 395 N Gardnerville NV 89410</b>	
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>Geoffrey Marshall</b>		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>Geoffrey Marshall</b> <b>SIGNATURE AUTHENTICATED</b>			
21b. DATE SIGNED (Mo/Day/Yr) <b>April 03, 2018</b>		21c. HOUR OF DEATH <b>23:17</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>April 03, 2018</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>23:17</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 11, 2018</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>23:17</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>0430</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 04, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Atherosclerotic Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ 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.				28. AUTOPSY (Specify Yes or No) <b>Yes</b>	
25a. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		28. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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.

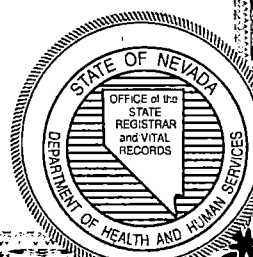
DATE ISSUED:

**APR 10 2018**

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

*Julie Katchera*  
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE