

APN: 1420-28-110-037

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave.
Minden, NV 89423

Mail Future Tax Statements To:
Deborah Larsen
2928 La Cresta Circle
Minden, NV 89423



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

I, Deborah Larsen, being of sound mind and body, hereby testifies under Penalty of Perjury under the laws of the State of Nevada as follows:

That I am over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 102, in Block C, as shown on the Final Map #98-045-3 of SARATOGA SPRINGS ESTATES UNIT NO. 3, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 23, 1998, in Book 698, Page 5063, as Document No. 442616, Official Records of Douglas County, Nevada.

was acquired and held by Affiant, Deborah Larsen, and Decedent, Carl L. Larsen, as husband and wife as Joint Tenants with rights of survivorship by Grant, Bargain and Sale Deed executed by Western Title Company, on March 4, 2013, which deed was thereafter recorded with the Douglas County Recorder on March 25, 2013;

That Decedent Carl L. Larsen passed away on May 7, 2013, as identified in Certificate of Death #2013008262, issued by the Department of Health and Human Services of the State of Nevada;

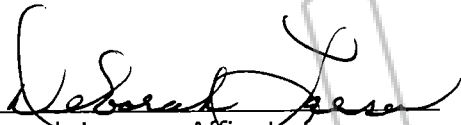
That pursuant to the rules of survivorship, Affiant, Deborah Larsen, is the survivor and presumptively holds this property as an unmarried woman as her sole and separate property; and

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed on March 25, 2013, as Document Number 820632.

That this information is offered with personal knowledge and declared under penalty of perjury.


Affiant further sayeth naught.

Date: October 15, 2020


Deborah Larsen, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a notary public, on October 15, 2020, by Deborah Larsen.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013008262

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) Carl Lawrence LARSEN JR		2. DATE OF DEATH (Mo/Day/Year) May 07, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp or Instl indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1943		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Deborah RAY	
13. SOCIAL SECURITY NUMBER ██████████-7511		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Auditor/accountant		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2928 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl L LARSEN SR	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Janet REAVES		18a. INFORMANT- NAME (Type or Print) Deborah LARSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2928 La Cresta Circle Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) SIGNATURE AUTHENTICATED KRAIG KNOLL M.D.		21b. DATE SIGNED (Mo/Day/Yr) May 17, 2013		21c. HOUR OF DEATH 13:41	
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)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) KRAIG KNOLL M.D. 1375 Vista Lane Carson City, NV 89703				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2013		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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) 		Interval between onset and death		Interval between onset and death	
		Interval between onset and death		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.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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. 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

3712195



4082309

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.

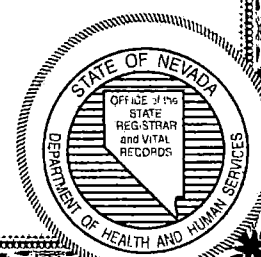
DATE ISSUED:

05/21/2013

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE