


Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0805 PG- 2811 RPTT: 0.00


✓
When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

APN:1420-06-410-017

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

I, SHARON LEE TODD-HOPTON, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am SHARON LEE TODD-HOPTON, the same person named as SHARON LEE TODD-HOPTON, one of the grantees named in that certain GRANT, BARGAIN, SALE DEED recorded as Document No. 369245 in Book 0895, Page 4591, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 3632 Shawnee Drive, Carson City, Douglas County, Nevada, and more specifically described as follows, to wit:

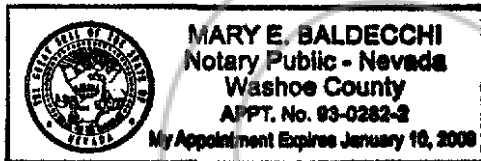
Lot 35, SIERRA ESTATES, according to the map thereof, filed in the office of the Douglas County Recorder, State of Nevada, on September 27, 1960, as File No. 16665.

3. HAROLD HOPTON, also one of the grantees named in said deed, is the identical HAROLD HOPTON named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof, who died on May 22, 2002, in Douglas County, Nevada.

Sharon Lee Todd-Hopton
SHARON LEE TODD-HOPTON

SIGNED AND SWORN (or affirmed)
before me on August 4, 2005,
by SHARON LEE TODD-HOPTON.

Mary E. Baldecchi
Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		1. Harold HOPTON			2. May 22, 2002		3a. Douglas	
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emar. Rm. Inpatient (Specify)		SEX	
	3b. Carson City		3c. 3632 Shawnee Dr.		3e. Male			
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
	5. White		8.		7a. 78		8. November 5, 1923	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	9a. Pennsylvania		9b. U.S.A.		10. 12		11. Married	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. 9020		14a. Shift Manager		14b. Gaming			
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Douglas		15c. Carson City		15d. 3632 Shawnee Dr.	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
PARENTS	16. Raymond Hopton		17. Anna Wadlowsky					
	INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Sharon Hopton - Wife				18b. 3632 Shawnee Drive, Carson City, NV 89705			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. FitzHenrys Crematory		19c. Carson City, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. <i>[Signature]</i>		20b. 217		20c. 833 N. Edmonds Drive, Carson City, NV 89701			
CERTIFIER	21a. To the best of my knowledge, death occurred on the time, date and place specified due to the cause(s) stated.				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>[Signature]</i>				(Signature and Title) <i>[Signature]</i>			
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21b. 5/23/02		21c. 0825		22b. 5/23/02		22c. 0825	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)			
	21d.				22d. ON			
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER			
	23a. Jon P. Kelly, M.D., 550 W. Washington St., Carson City, NV				23b. 6376			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i>		24b. May 23, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							Interval between onset and death
	PART I (a) Lung Cancer							Interval between onset and death
	(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
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I:				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
					26. No		27. Yes	
	ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.		28c.		28d.	
	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
	28e.		28f.		28g.			

STATE REGISTRAR

No. 218971



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

[Signature]
Sylvia

Date Issued:

MAY 23 2002

State Registrar

WARNING: IT I



0651451

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08/05/2005