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OFFICIAL RECORD

Requested By:
LAW OFFICE OF KAREN L
WINTERS

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0808 PG- 2666 RPTT: 0.00



APN: 1420-07-114-015

After Recording Mail to:

✓ Darby E. Hoppin
891 Valley Vista Drive
Carson City, NV 89705

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

DARBY E. HOPPIN, being duly sworn, declares:

That MAUDENE C. HOPPIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MAUDENE C. HOPPIN, named as one of the parties in the Corporation Grant, Bargain and Sale Deed executed by Syncon Homes by Andrew W. Mitchell, Vice President, to DARBY E. HOPPIN and MAUDENE C. HOPPIN, husband and wife as joint tenants, and recorded as Instrument No.0440117 on May 20, 1998, in Book 0598, Page 4144 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 37, Block J as set forth on the map of Valley Vista Estates I, Phase 1A, filed for record in the office of the Douglas County Recorder, on June 2, 1994, in Book 694, Page 437, as Document No. 338792, Official Records.
Per NRS 111.312, this legal description was previously recorded as Instrument No.0440117 on May 20, 1998, in Book 0598, Page 4144.

DATED: August 16, 2008

DARBY E. HOPPIN

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on August 16, 2008 by Darby E. Hoppin

[Seal]

KAREN L. WINTERS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 90-1742-5 - Expires January 30, 2010

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008012181
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) Maudene C HOPPIN		2. DATE OF DEATH (Mo/Day/Year) August 09, 2008		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 Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 29, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 17		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Darby HOPPIN	
13. SOCIAL SECURITY NUMBER 3002		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 891 Valley Vista Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) John G CARMICHAEL	
17. MOTHER - NAME (First Middle Last Suffix) Dora BARKER		18a. INFORMANT- NAME (Type or Print) Darby HOPPIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 891 Valley Vista Drive Carson City, Nevada 89705	
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21. 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) JOSE AGUIRRE MD			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)		
21b. DATE SIGNED (Mo/Day/Yr) August 12, 2008		21c. HOUR OF DEATH 07:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jose Aguirre MD, 1600 Medical Parkway Carson City, NV, 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 14, 2008		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) Massive Bilateral Pulmonary Emboli				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	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. 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

557390



BK- 0808
PG- 2667

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Rev-2008T

225179 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: **AUG 14 2008**
08/14/2008

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

PRNCO (Rev) 1106

R. Griffith
SIGNATURE AUTHENTICATED

