

APN# 1220-21-710-118

DOUGLAS COUNTY, NV

2015-859730

Rec:\$16.00

\$16.00

Pgs=3

04/06/2015 08:38 AM

CAPITAL TITLE COMPANY OF NEVADA, LLC

KAREN ELLISON, RECORDER

Recording Requested by:

Name: Capital Title CO.

Address: 10539 Professional Cir. #102

City/State/Zip: Reno, NV 89521

When Recorded Mail to:

Name: Susan M. Hopkins

Address: 1391 Leonard Rd.

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statement to:

Name: as above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Affidavit - Death of Joint Tenant  
( Title of Document )

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380 (1) (a) and 40.525 (5)

(State specific law)

Keirsten Bairley  
Signature

Esron Officer  
Title

Keirsten Bairley  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 1220-21-710-118  
ESCROW NO: 10012228-001-KS  
WHEN RECORDED MAIL TO and  
MAIL TAX STATEMENT TO:  
SUSAN M. HOPKINS  
1391 LEONARD ROAD  
GARDNERVILLE, NV 89460

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF WASHOE

} SS:

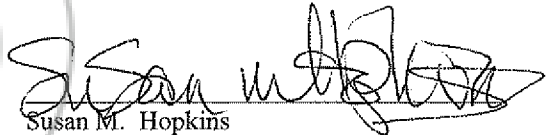
Susan M. Hopkins, of legal age, being duly sworn, deposes and says

That Colleen D. Hopkins the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Colleen Downey Hopkins named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 8, 2007 executed by Susan M. Hopkins, an unmarried woman to Susan M. Hopkins, an unmarried woman and Colleen Downey Hopkins, a single woman as joint tenants, recorded as Instrument No. 0692483, on January 10, 2007 in Book N/A Page N/A of Official Records of Douglas County, Nevada, covering the following described property.

Lot 503 , as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

APN: 1220-21-710-118

Dated: March 31, 2015

  
Susan M. Hopkins

STATE OF NEVADA  
COUNTY OF WASHOE

} SS:

This instrument was acknowledged before me on 03.31.15,  
by Susan M. Hopkins

  
NOTARY PUBLIC



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

17656090  
**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

**2010004488**  
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>Colleen D HOPKINS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>March 24, 2010</b>			3a. COUNTY OF DEATH <b>Washoe</b>											
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Tahoe Pacific Hospital Meadows</b>			3e. If Hosp. or Inst. indicate DOA,OP,Emser. Rm. inpatient(Specify) <b>Inpatient</b>			4. SEX <b>Female</b>								
5. RACE White (Specify)			6. Hispanic-Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>80</b>			7b. UNDER 1 YEAR MOS   DAYS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>October 03, 1929</b>		
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Canada</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>16</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>			12. SURVIVING SPOUSE OR DOMESTIC PARTNER					
13. SOCIAL SECURITY NUMBER <b>██████████ 2274</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Registered Nurse</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>			Ever in US Armed Forces? <b>No</b>								
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Washoe</b>			15c. CITY, TOWN OR LOCATION <b>Reno</b>			15d. STREET AND NUMBER <b>425 Sierra Leaf Circle</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>					
16. FATHER - NAME (First Middle Last Suffix) <b>Martin DOWNEY</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Lillian Ann FLANAGAN</b>											
18a. INFORMANT - NAME (Type or Print) <b>Colleen Elizabeth SCHWARTZ</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1425 Bronze Canyon Drive Reno, Nevada 89521</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Science Care</b>			19c. LOCATION City or Town State <b>Aurora Colorado</b>								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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>SIGNATURE AUTHENTICATED</b> <b>LEVENTE LEVAL M.D.</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)											
21b. DATE SIGNED (Mo/Day/Yr) <b>March 30, 2010</b>						21c. HOUR OF DEATH <b>05:00</b>											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Levente Leval M.D. P.O. Box 6840 Reno, NV 89513</b>						23b. LICENSE NUMBER <b>11454</b>											
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 01, 2010</b>			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) <b>Acute hypoxic respiratory failure</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) <b>Congestive heart failure class IV</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) <b>Chronic obstructive pulmonary disease</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(d) <b>Unknown causes</b> Interval between onset and death																	
PART II																	
26. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>														
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



000015819 **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.

DEPUTY REGISTRAR

*Mary A. Anderson*

DATE ISSUED: **APR 06 2010** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR MEASURE VOIDS THIS CERTIFICATE