

16-  
APN: 1420-33-411-009



KAREN ELLISON, RECORDER

After Recording Mail to:

Francine Tabasa-Lopes  
2639 Fawn Fescue Ct.  
Minden, NV 89423

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        )

FRANCINE L. LOPES, being duly sworn, declares:

That WAYNE LOUIS LOPES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WAYNE L. LOPES, named as one of the parties in the Grant, Bargain and Sale Deed executed by Leon L. Lundgren and Hilda L. Lundgren to Wayne L. Lopes and Francine L. Lopes, husband and wife, as joint tenants, and recorded as Instrument No.0481740 on November 30, 1999, in Book 1199, Page 5390 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 7 as set forth upon that Subdivision Nap entitled WILDHORSE ANNEX UNIT NO. 1, a Planned Unit Development, recorded January 6, 1994 in Book 194 at Page 1080, Official Records of Douglas County, State of Nevada as Document No. 327012.

Excepting therefrom all minerals, oil, gas and other hydrocarbons, as expected in the deed to Stock Petroleum Co., Inc. recorded March 13, 1980 in Book 380 at Page 1315 Official Records of Douglas County, Nevada, as Document No. 42677.

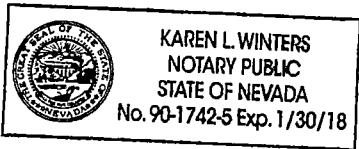
This conveyance is given subject to the terms and conditions of that certain Grant of Avigation easement made December 29, 1993 by IAN MACSWEEN CONSTRUCTION, INC., as Grantor to Douglas County, Nevada, a quasi-political subdivision of the State of Nevada, said easement recorded December 29, 1993 in Book 1293 at Page 6761, Official Records of Douglas County, State of Nevada, as Document No. 326343.

Per NRS 111.312, this legal description was previously recorded as Document No. 0481740, in Book 1199 at Page 5390 on November 30, 1999.

FRANCINE L. LOPES

Subscribed and sworn to before me this 7<sup>th</sup> day of September, 2016.

[Seal]



*Karen L. Winters*  
NOTARY PUBLIC

COPY

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

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

CASE FILE NO. 3908710

**2016014615**  
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>Wayne Louis LOPES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 08, 2016</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 an <b>Gardnerville Health &amp; Rehab</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Residential Care Facility</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 03, 1937</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>			
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Francine TABASA</b>		13. SOCIAL SECURITY NUMBER <b>6006</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Electrician</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Commercial</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2639 Fawn Fescue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joaquin LOPES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary TOSTA</b>		
18a. INFORMANT- NAME (Type or Print) <b>Francine LOPES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2639 Fawn Fescue Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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>JOSE AGUIRRE M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>August 16, 2016</b>		21c. HOUR OF DEATH <b>04:30</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)	
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>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>			
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 16, 2016</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>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>New Onset Seizure Disorder</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Parkinsons Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</b>				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



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: **8/17/2016**

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

*Cody Phinney*  
SIGNATURE AUTHENTICATED

