

RECORDING REQUESTED BY:  
JOEL W. LOCKE, ESQ.  
ALLISON, MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:  
Gloria R. Hooper  
2428 Hasbita Lane  
Minden, NV 89423

The party executing this document affirms that this document DOES contain a social security number as required by law per NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1320-02-002-062

STATE OF NEVADA            )  
  : ss.  
CARSON CITY                 )

GLORIA HOOPER, of legal age, being first duly sworn, deposes and says:

That CURT HOOPER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CURT HOOPER named as one of the parties in that certain Grant, Bargain, Sale Deed recorded on May 1, 2001, as Document No. 0513340 executed by MICHAEL J. DELCZEG and FRANCES DELCZEG, husband and wife, which transferred the subject real property to CURT HOOPER and GLORIA HOOPER, husband and wife, as Joint Tenants with Right of Survivorship, recorded in the official records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

THE SOUTHWEST ¼ OF THE NORTHEAST ¼ OF THE  
SOUTHEAST ¼ OF THE SOUTHEAST ¼ OF SECTION 2,  
TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M.

APN: 1320-02-002-062

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on May 1, 2001, as Document No. 0513340).

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

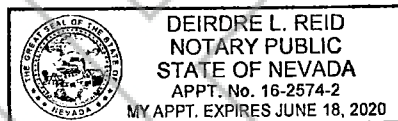
Dated this 9 day of Feb, 2018.

Gloria Hooper  
GLORIA HOOPER

On February 9, 2018, personally appeared before me, a notary public, GLORIA HOOPER, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Deirdre L. Reid

NOTARY PUBLIC



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

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

CASE FILE NO. 3976856

**CERTIFICATE OF DEATH**

**2017018392**  
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)<br><b>Curtis Albern HOOPER</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>September 06, 2017</b>   |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an<br><b>2428 Hasbita Lane</b>                     |   | 3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm.<br>Inpatient(Specify)<br><b>Home</b>  |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE (Specify)<br><b>White</b>   |   | 6. Hispanic Origin? Specify<br>No - Non-Hispanic  |  |
| 7a. AGE-Last birthday (Years)<br><b>65</b>   |  | 7b. UNDER 1-YEAR<br>MOS   DAYS  |   | 7c. UNDER 1 DAY<br>HOURS   MINS   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>May 05, 1952</b>  |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>California</b>  |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>18</b>   |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>  |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Gloria Ruth ALEXANDER</b>                                 |  |
| 13. SOCIAL SECURITY NUMBER<br><b>██████████ 5610</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>Manager</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Manufacturer Engineering</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |  |
| 15d. STREET AND NUMBER<br><b>2428 Hasbita Lane</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | Ever in US Armed Forces? <b>Yes</b>   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Dane HOOPER</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Faye BOYSTER</b>  |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Gloria HOOPER</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>2428 Hasbita Lane Minden, Nevada 89423</b> |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>DARREN K HILL</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD884</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations</b><br><b>1521 Church Street Gardnerville NV 89410</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)<br><b>MIKE B GOLDWATER</b><br>SIGNATURE AUTHENTICATED |  |   | 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)<br><b>MIKE B GOLDWATER</b><br>SIGNATURE AUTHENTICATED |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>October 03, 2017</b>  |  | 21c. HOUR OF DEATH<br><b>20:27</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)<br><b>September 06, 2017</b>   |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22c. HOUR OF DEATH<br><b>20:27</b>  |   | 22d. PRONOUNCED DEAD AT (Hour)<br><b>20:27</b>  |  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Coroner Mike B Goldwater P.O. Box 218 Minden, NV 89423</b>     |  |   |   | 23b. LICENSE NUMBER   |  |
| 24a. REGISTRAR (Signature)<br><b>BLAISE SATARIANO</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 04, 2017</b>  |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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>Gunshot Wound Of The Head</b>  |  |   |   | Interval between onset and death  |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:<br><b>None</b>   |  |   |   | Interval between onset and death  |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:<br><b>None</b>   |  |   |   | Interval between onset and death  |  |
| (d) DUE TO, OR AS A CONSEQUENCE OF:<br><b>None</b>   |  |   |   | 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.   |  |   |   | 25. AUTOPSY (Specify Yes or No) <b>Yes</b>  |  |
| 26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)<br><b>Suicide</b>  |  | 26b. DATE OF INJURY (Mo/Day/Yr)   |   | 26c. HOUR OF INJURY   |  |
| 26d. DESCRIBE HOW INJURY OCCURRED<br><b>Self inflicted Gunshot Wound Of The Head</b>   |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>   |   |   |  |
| 28a. 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<br><b>2428 Hasbita Ln, Minden, NV 89423</b><br><b>Nevada</b>              |  |

STATE REGISTRAR

000692420



CERTIFIED COPY OF VITAL RECORDS

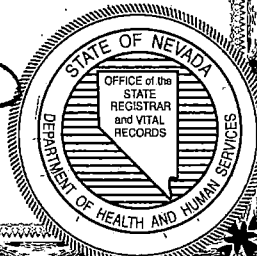
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **OCT 10 2017**

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

*[Signature]*  
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE