

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: 1420-28-810-006

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 A. HOOPER named as one of the parties in that certain Grant Deed recorded on October 13, 1993, as Document No. 320067 executed by CURT A. HOOPER, an unmarried man, which transferred the subject real property to CURT A. HOOPER and GLORIA HOOPER, husband and wife as joint tenants, 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:

LOT 9, AS SHOWN ON THE MAP OF SARATOGA HEIGHTS UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 5, 1966, IN BOOK 46, PAGE 287, AS DOCUMENT NO. 34826.

APN: 21-062-09

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on October 13, 1993, as Document No. 320067).

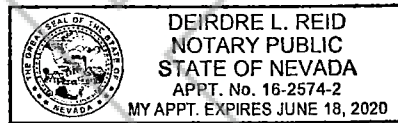
I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

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

STATE REGISTRAR

000692421



CERTIFIED COPY OF VITAL RECORDS

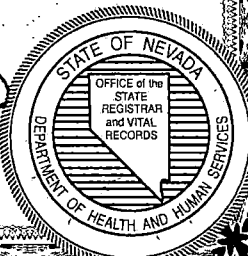
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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