

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: 1420-28-810-001

STATE OF NEVADA)
: ss.
CARSON CITY)

GLORIA R. 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, Bargain, Sale Deed recorded on May 1, 2001, as Document No. 0513337 executed by CURT A. HOOPER and GLORIA R. HOOPER, husband and wife, which transferred the subject real property to CURT A. HOOPER and GLORIA R. 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:

Lot 14, as shown on the map of SARATOGA HEIGHTS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 5, 1966, as Document No. 34826.

APN: 1420-28-810-001

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on May 1, 2001, as Document No. 0513337).

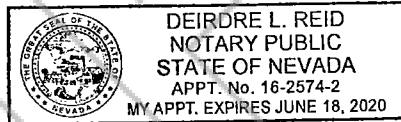
I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 9 day of Feb, 2018.

Gloria Hooper
GLORIA R. HOOPER

On February 9, 2018, personally appeared before me, a notary public, GLORIA R. 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	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 and No. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient)(Specify) 2428 Hasbita Lane Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1952	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████5610		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2428 Hasbita Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		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			
TRADE CALL	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) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
CERTIFIER	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					
REGISTRAR	21a. To the best of my knowledge, 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)			
CAUSE OF DEATH	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) MIKE B GOLDWATER SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) October 03, 2017			
	22c. HOUR OF DEATH 20:27		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 06, 2017			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				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	
STATE REGISTRAR	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 Minden Nevada	

STATE REGISTRAR

000692422



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**

[Signature]
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

