

(3) That RICHARD R. HOSKINS died on November 24, 2021, in Minden, Douglas County, Nevada. A certified copy of the death certificate is attached hereto as Exhibit "B."

Executed on this 8th day of January, ~~2021~~ ²⁰²².

Barbara A. Hoskins
BARBARA A. HOSKINS

ACKNOWLEDGEMENT BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness

STATE OF CALIFORNIA }
COUNTY OF Santa Clara } ss

On January 8, 2022, before me, Aditya Kumar Upadhyayula, Notary Public personally appeared BARBARA A. HOSKINS, who proved to me on the basis of satisfactory evidence to be the persons whose names ~~is/are~~ subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)

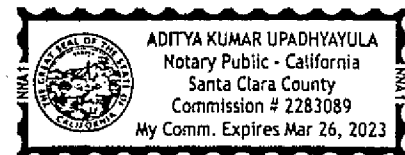


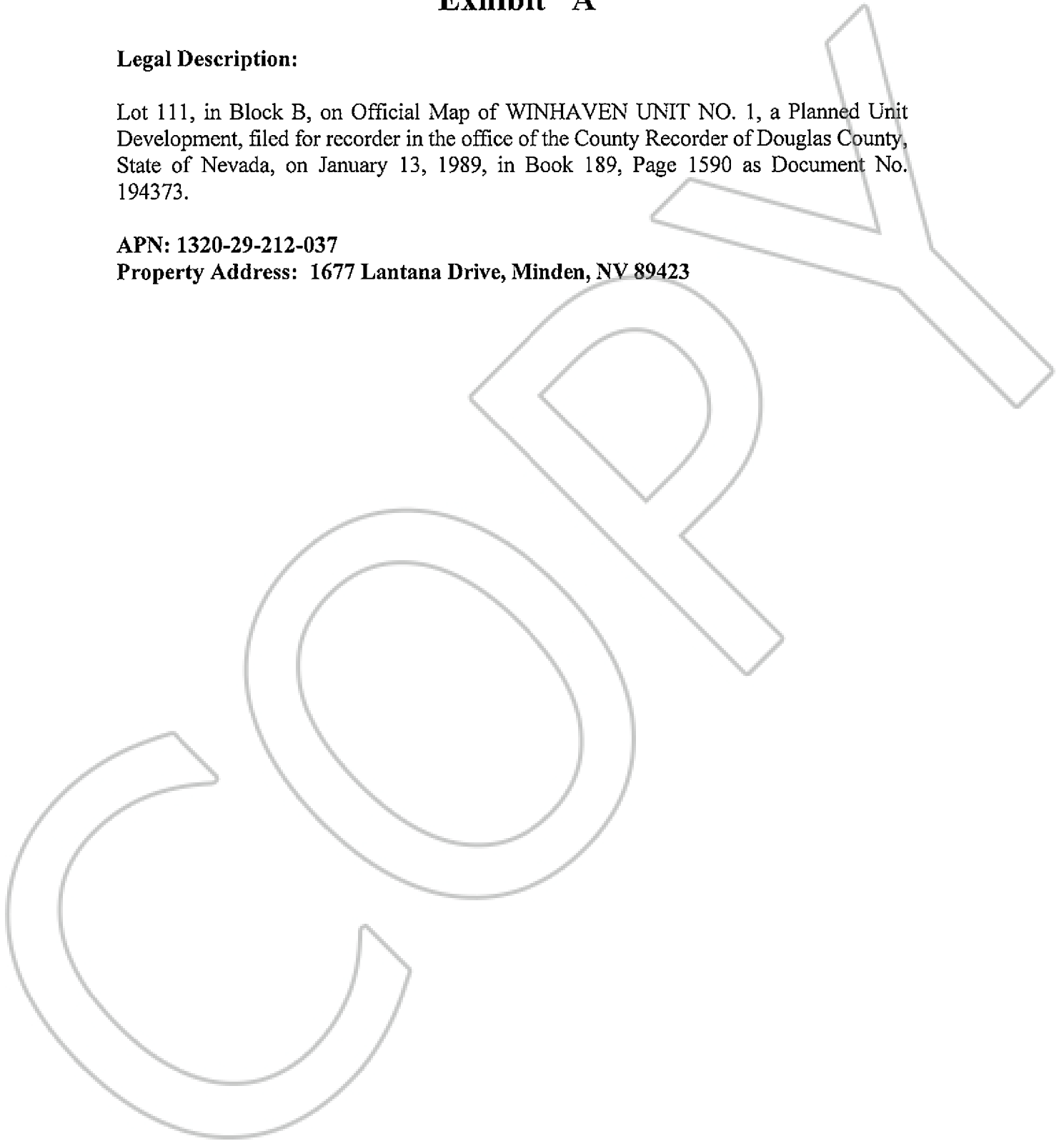
Exhibit "A"

Legal Description:

Lot 111, in Block B, on Official Map of WINHAVEN UNIT NO. 1, a Planned Unit Development, filed for recorder in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989, in Book 189, Page 1590 as Document No. 194373.

APN: 1320-29-212-037

Property Address: 1677 Lantana Drive, Minden, NV 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4250552

CERTIFICATE OF DEATH

2021031765
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) Richard Raymond HOSKINS		2. DATE OF DEATH (Mo/Day/Year) November 24, 2021		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 number) 1677 Lantana Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1954		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) BARBARA WEIST	
13. SOCIAL SECURITY NUMBER ██████████-1418		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of _____) Photographer		14b. KIND OF BUSINESS OR INDUSTRY Photography	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1677 Lantana Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle - Last - Suffix) Robert HOSKINS			17. MOTHER/PARENT - NAME (First Middle - Last - Suffix) Gertrud		
18a. INFORMANT- NAME (Type or Print) Barbara HOSKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4951 Cherry Ave #22 San Jose, California 95118			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) Erik A EISSINGER 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) Erik A EISSINGER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) December 20, 2021		21c. HOUR OF DEATH 07:40		22b. DATE SIGNED (Mo/Day/Yr) December 20, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:40		22d. PRONOUNCED DEAD AT (Hour) 07:40	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Erik A Eissinger P O Box 218 Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 20, 2021		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) Pending Investigation					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
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 I					25. AUTOPSY (Specify Yes or No) No
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST	26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN
					STATE Nevada

000909170



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:

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

