

APN: 1420-07-310-037

WHEN RECORDED MAIL TO AND
TAX STATEMENTS TO
Cynthia Dale
3477 Tourmaline Way
Carson City, Nevada 89705



00153101202209837180030031

KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
) ss.
County of Carson)

CYNTHIA L. DALE being duly sworn, deposes and says:

1. That she was the joint tenant with ROD P. SHOOP, the Decedent in the attached certified copy of the Certificate of Death;

2. That the Decedent is the same person as ROD P. SHOOP, named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 25, 2003, and recorded on April 2, 2003, executed by ROD P. SHOOP, an unmarried man, and CYNTHIA L. DALE, an unmarried woman, as joint tenants with right of survivorship, recorded as Document No. 0572256, in the Official Records of Douglas County, Nevada, on April 2, 2003;

3. That he is the party named ROD P. SHOOP in the Grant, Bargain, Sale Deed dated March 25, 2003, and recorded on April 2, 2003, as Document No. 0572256, in the Official Records of Douglas County, Nevada, on April 2, 2003;

4. The property subject to the above listed deed is commonly known as 3477 Tourmaline Way, Carson City, Nevada, 89705, County of Douglas, State of Nevada, and more particularly described as:

All that real property situated in the City of Carson, County of Douglas, State of Nevada, described as follows:

“Lot 19, in Block K, of VISTA GRANDE SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964 in Book 27, page 644, as File No. 26518.

5. As recited in the attached Certificate of Death, ROD P. SHOOP died on the 25th day of September, 2018, in Carson City, County of Douglas, State of Nevada.

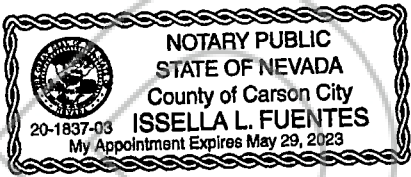
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 40.525(5) AND NRS 440.380(1)(a).

Cynthia Dale
CYNTHIA L. DALE

4/14/22
Date

SUBSCRIBED AND SWORN to on this 14 day of April, in the year 2022, before me, Issella Fuentes, a Notary Public, by CYNTHIA L. DALE.

Issella Fuentes
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. 4042525

CERTIFICATE OF DEATH

2018018500
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) Rodney Paul SHOOP		2. DATE OF DEATH (Mo/Day/Year) September 25, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 3477 Tourmaline Drive		3a 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) 60		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1958		9a STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████ 5680		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Department Of Transportation	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 3477 Tourmaline Drive		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lonnie Paul SHOOP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ilse Katharina DILGER		
18a. INFORMANT - NAME (Type or Print) Cynthia DALE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3477 Tourmaline Way Carson City, Nevada 89705			
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) DOUGLAS VACEK DO 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)			
21b DATE SIGNED (Mo/Day/Yr) September 26, 2018		21c HOUR OF DEATH 08:10		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
22e PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419			
23b. LICENSE NUMBER 1125		24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2018		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) Cardiac Arrest Interval between onset and death					
DUE TO OR AS A CONSEQUENCE OF					
(b) Atherosclerotic Cardiovascular Disease Interval between onset and death					
DUE TO OR AS A CONSEQUENCE OF					
(c) Hypertension Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Type 2 Diabetes				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a ACCIDENT, SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)		28c DATE OF INJURY (Mo/Day/Yr)		28d DESCRIBE HOW INJURY OCCURRED	
28b. 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



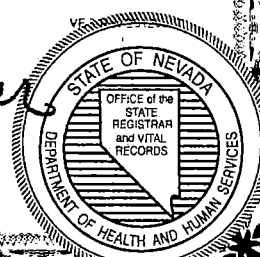
CERTIFIED COPY OF VITAL RECORDS

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: **OCT 01 2018**

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

Julie Katchera
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE