

APN: 1320-02-002-062

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



MAIL TAX STATEMENTS TO:
Kristina Wulfing, Trustee
7598 Devonshire Lane
Reno, NV 89511

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

KRISTINA WULFING, being first duly sworn, deposes and says:

1. That THE HOOPER FAMILY TRUST was established on February 9, 2018.
2. That GLORIA RUTH HOOPER was the Grantor and original Trustee of THE HOOPER FAMILY TRUST.
3. That Grantor and Trustee, GLORIA RUTH HOOPER died on March 8, 2022, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as EXHIBIT 1.
4. That the currently acting sole Trustee of THE HOOPER FAMILY TRUST is KRISTINA WULFING.
5. That said Trust is the owner of all that real property situate in Douglas County, State of Nevada, more particularly described as follows:

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.

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

6. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

DATED this APRIL 21, 2022.

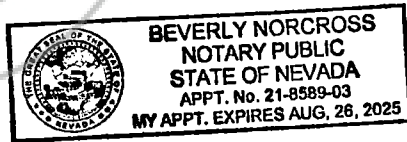
Kristina E Wulfing
KRISTINA WULFING, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On APRIL 21, 2022, personally appeared before me, a notary public, KRISTINA WULFING, personally known (or proved) to me to be the person whose name is subscribed to the foregoing document, who acknowledged to me that she executed the foregoing document.

Beverly Norcross
NOTARY PUBLIC

4888-5774-7994, v. 1



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4271935

CERTIFICATE OF DEATH

2022006413
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

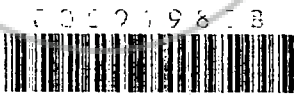
CERTIFIER

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) Gloria Ruth HOOPER		2. DATE OF DEATH (Mo/Day/Year) March 08, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Renown Regional Medical Center		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		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) April 18, 1954		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████-0173		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Training Manager)		14b. KIND OF BUSINESS OR INDUSTRY Nevada Department of Transportation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2428 Hasbita Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Robert ALEXANDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patsy MC CARTHY		
18a. INFORMANT - NAME (Type or Print) Kristina WULFING		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 7598 Devonshire Lane Reno, Nevada 89511			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATJRE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) SIGNATURE AUTHENTICATED DARIN OLDE APRN		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) March 09, 2022		21c. HOUR OF DEATH 08:50		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) Darin Olde APRN 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER APRN001306		24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 10, 2022		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) Metastatic Squamous Cell Parotid Gland Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
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	



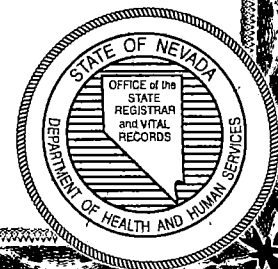
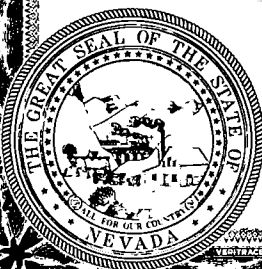
CERTIFIED COPY OF VITAL RECORDS

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: **3/15/2022**

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