APN: <u>1219-15-001-058</u>

ORDER NO.: 2080292WD/1081434

DOC # 736227 01/22/2009 03:37PM Deputy: GB OFFICIAL RECORD Requested By: NORTHERN NEVADA TITLE CC Douglas County - NV Karen Ellison - Recorder Page: 1 of 3 Fee: 16.00 BK-109 PG-4306 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of a Joint Tenant

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Mr. Whipple 851 Bollen Circle Gardnerville, NV 89460 A.P.N. 1219-15-001-058 Escrow No.: DO-2080292-WD

1081434

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Doyle Hildrith Whipple, Jr.

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Doyle Hildrith Whipple, Jr., of legal age, being duly sworn, deposes and says that Doyle H. Whipple, Sr., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Doyle Hildrith Whipple, Sr. named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 9, 2003, executed by Doyle H. Whipple, Sr. to Doyle Hildrith Whipple, Sr. a single man and Doyle Hildrith Whipple, Jr., an unmarried man as joint tenants, recorded as Instrument No. 0582811, on July 10, 2003, in Book 0703, Page 03788, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 83 as shown on the Official Map of Sheridan Acres Unit No. 2, filed for record in the office of the Recorder of Douglas County, State of Nevada, on October 14, 1968, in Book 62, Page 551, as File No. 42594.

Dayle J. White Doyle Hildrith Whipple, Jr.

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF NEVADA
)
SS.
COUNTY OF DOUGLAS
)

On January 20, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Doyle Hildrith Whipple, Jr. known to me to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same.

Signature All Model

NOTARY PUBLIC STATE OF NEVADA
County of Douglas
WENDY DUNBAR
My Appointment Expires Dec. 16, 2010

BK-109 PG-4307

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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF THE	-MEIII
CERTIFICATE OF	TICS DEATH

2008005801

TYPE OR	STATE FILE NUMBER									
PRINT IN	1a. DECEASED-NAME (FIRST, MIDE	` `		2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH						
PERMANENT BLACK INK	Doyle H WHIPPLE SR				April 07, 2008 Douglas					
SEMON INN	36. CITY, TOWN, OR LOCATION OF	DEATH 3C. HOSPITA	L OR OTHER INSTITUTIO	N -Name(If not either, g		losp, or Inst. Indica	te DOA, OP/Eme	r. Rm. 4.	SEX	
DECEDENT	Gardnerville	and number)	864 Bollen	Circle	Inpatio	ent(Specify)	\ · \		Male	
	5. RACE White (Specify)		Hispanic Origin? Specify o - Non-Hispanic	7a. AGE-Last birthday (Years)	75 UNDER 1 Y	YS HOURS	MINS		• •	
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	1	86 September 09, 1921 MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give							
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Texas 13. SOCIAL SECURITY NUMBER		States 12	A THEOREM	··· · · · · · · · · · · · · · · · · ·					
REGARDING COMPLETION OF	Modiso Life Come K Datter II						SS OR INDUSTRY Ever in US Armed Forces? Yes			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b.	COUNTY	15c. CITY, TOWN OF	LOCATION 150	. STREET AND NO	UMBER		15e. INS	DE CITY Specify Yes	
<u> </u>	Nevada	Douglas	Gardne		4 Bollen Circle	100000		at No)	Yes	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Henry WHIPPLE 17. MOTHER - NAME (First Middle Last Suffix) Daisey TERRELL									
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or RED. No. City or Town, State, Zip) Doyle WHIPPLE JR 864 Bollen Circle Gardnerville, Nevada 89410									
	19a. BURIAL, CREMATION, REMOVA	******A						1	1	
DISPOSITION	Cremation	AL, OTHER (Specify)		zhenry's Crematol	v	- N.	TION City or 1 arson City N	76.	75.	
	20a, FUNERAL DIRECTOR - SIGNAT	URE (Or Person Actin	g as Such) 20b, FUNER	AL 20c. N	ME AND ADDRES	SS OF FACILITY				
	JAMES SM	IOLENSKI PAUTHENTICATEU	DIRECTOR	LICENSE 217		nny's Carson V ghway 395 N G				
RADE CALL	TRADE CALL - NAME AND ADDRESS	S :			, , , , , , , , , , , , , , , , , , ,	grina jacon C	410110141110 14	¥ 05+10	,	
CERTIFIER	216. DATE SIGNED (ME) Days	grature & Title) SIG CUNNINGHA (rr) 2 210.HC	NATURE AUTHENTICA NO. M.D. S OUR OF DEATH	THE THE THE THE	the basis of exerti date and place an TE SIGNED (Mo/D	ration and/or invest didue to the cause ayyyr)	tigation, in my op (a) stated. (Signa 22c. HOUR OF	iture & Title)	occurred at	
	April 10, 2008	A	09:10 THAN CERTIFIER	1 a 2 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4	ONOUNCED DÉAL	D (Mo/Day/Yr)	22s. PRONOUN	ICED DEAD	AT (Hour)	
	239. NAME AND ADDRESS OF CERT	PIER (PHYSICIAN, A CUNNINGHAM	TTENDING PHYSICIAN, M M.D. 1425 Vista Li	EDICAL EXAMINER, O	R CORONER) (I)	se of Print)	23b, LICEN	SE NUMBER		
REGISTRAR	24a. REGISTRAR (Signature)		GRIFFITH	246. DATE RECEIV	ED BY REGISTRA		TH DUE TO CO		E DISEASE	
	\$	SIGNATURE AUTI			April 15, 2008	一生一样	YES	NO X		
CAUSE OF DEATH	PART I (a) Cardiopulmo	nary Fallure	ISE PER LINE FOR (#), (b)	AND (c).)			i Interval t	setween onse	t and death	
CONDITIONS IF		consequence of: rostate Cance				TH 18.1	Interval t	etween onse	t and death	
ANY WHICH GAVE RIBE TO INMEDIATE	DUE TO, OR AS A C	ONSEQUENCE OF:	.7				interval b	etween onse	t and death	
CAUSE -> ETATING THE UNDERLYING	DUE TO, OR AS A C	ONSEQUENCE OF:		//			Interval t	etween onse	t and death	
CAUBE LAST	(d)						1			
-/	PARTII	3.70	() () () () () () () () () ()		en Segretaria. E	(Spec	UTOPSÝ cify Yes or No) NO	27. WAS CAS TO CORONE! or No.)		
/ /	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST: (Specify)	DATE OF INJURY (Mo/Da	y/Yr) 28c. HOUR OF IN	JURY 28d, DESCRIBE	HOW INJURY OCCU	RRED	\			
	28e. INJURY AT WORK (Specify 28f. bulk	PLACE OF INJURY- / ding, etc. (Specify)	At home, farm, street, factor	y, office 28g. LOCATI	ON STREET	OR R.F.D. No.	CITY OR TOW	'n	STATE	
	· · · · · · · · · · · · · · · · · · ·		ETA?	E REGISTRAR				 <u>.</u>		
753	1		7	. REGIO MAK		i				
		/-	/					,		



BK-109 PG-4308

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VRS-Rev-2008T



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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:

DATE ISSUED: 04/16/2008
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

