

APN: 1219-15-001-058  
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:

A handwritten signature in black ink, appearing to read "Dunbar", written over a horizontal line.

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Mr. Whipple  
851 Bollen Circle  
Gardnerville, NV 89460



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

2008005801  
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) <b>Doyle H WHIPPLE SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 07, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>864 Bollen Circle</b>		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify)	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY? <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>9366</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>L. A. County Sheriff</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>864 Bollen Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 09, 1921</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Henry WHIPPLE</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Daisy TERRELL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Doyle WHIPPLE JR</b>			18b. MAILING ADDRESS (Street or R.F.D.,No, City or Town, State, Zip) <b>864 Bollen Circle, Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1388 Highway 395 N Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JAMES CUNNINGHAM M.D.</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 10, 2008</b>		21c. HOUR OF DEATH <b>09:10</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>JAMES CUNNINGHAM M.D. 1425 Vista Lane Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>7333</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 15, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Failure</b> (b) <b>Metastatic Prostate Cancer</b> (c) <b>Metastatic Prostate Cancer</b> (d) <b>Metastatic Prostate Cancer</b>				Interval between onset and death	
PART II				28. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	
28d. DESCRIBE HOW INJURY OCCURRED					

STATE REGISTRAR



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: 04/16/2008

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

PENCO (Rev) 11/06

*Rod White*  
SIGNATURE AUTHENTICATED

