

Doc Number: **0822621**

04/29/2013 10:38 AM

OFFICIAL RECORDS

Requested By:
WAYNE S. CHIMARUSTI

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0413 Pg: 8324



Deputy sg

APN: 1022-15-001-100
3915 Granite Way

Grantee:
Joan Roripaugh
1400 Topaz Ranch Drive
Wellington, NV 89444

✓ When recorded return to:
WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT CONTAINS A SOCIAL SECURITY NUMBER DUE TO THE REQUIREMENTS OF NRS 440.380.

AFFIDAVIT OF DEATH OF JOINT TENANT

Decedent: NOBLE L. RORIPAUGH

The legal description contained in this document is taken from that certain Grant, Bargain and Sale Deed recorded on November 1, 2007, in the Official Records of the Douglas County Recorder, in Book 1107, at Page 180, as Document Number 0712312

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 :
CARSON CITY) ss.

I, JESSIE JOAN RORIPAUGH, also known as JOAN J. RORIPAUGH or JOAN RORIPAUGH, being first duly sworn under penalty of perjury, depose and say:

1. That I am the widow of NOBLE L. RORIPAUGH, and his surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on November 1, 2007, as Document No. 0712312.

2. NOBLE L. RORIPAUGH died on July 12, 2010. A certified copy of his certificate of death is attached to this affidavit.

WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

2. The real property owned by NOBLE L. RORIPAUGH and me, as joint tenants on the date of his death, consists of the following:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4 in Block V as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212

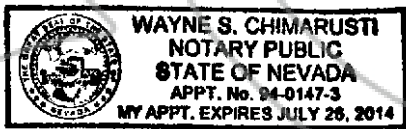
WITNESSETH my hand this 24 day of April, 2013.

Jessie Joan Roripaugh
JESSIE JOAN RORIPAUGH

STATE OF NEVADA)
 : ss.
CARSON CITY)

This instrument was acknowledged before me on the 24 day of April, 2013, by JESSIE JOAN RORIPAUGH.

Wayne S. Chimarusti
NOTARY PUBLIC



WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2010010309

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) Noble L RORIPAUGH		2. DATE OF DEATH (Mo/Day/Year) July 12, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1400 Topaz Ranch Rd		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 01, 1929		9a. STATE OF BIRTH (If not U S A, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jessie Joan COOPER	
13. SOCIAL SECURITY NUMBER 7609		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Crew Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Department Of Forestry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1400 Topaz Ranch Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Barney L RORIPAUGH	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor YATES		18a. INFORMANT- NAME (Type or Print) Jessie J RORIPAUGH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1400 Topaz Ranch Rd Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) ROBIN LEE TITUS M.D.			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) July 15, 2010		21c. HOUR OF DEATH 16:12		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) Robin Lee Titus M.D. P.O. Box 377, Wellington, NV 89444		23b. LICENSE NUMBER 4617	
24a. REGISTRAR (Signature) JENELLE ENGLISH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 2010		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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Brain Metastasis DUE TO, OR AS A CONSEQUENCE OF: (c) Parotid Gland Tumor DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Minutes		Interval between onset and death 6 Weeks	
Interval between onset and death 2-Years		Interval between onset and death		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	

STATE REGISTRAR



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VRS-Rev-20120623a

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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: **FEB 12 2013**

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

STATE REGISTRAR

