

APN# 1220-17-310-013

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Linda A. Forster

Address: PO Box 1970

City/State/Zip: Gardnerville NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4064536

**CERTIFICATE OF DEATH**

2019002533  
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>Howard Hale WHITING JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 29, 2019</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 or Inpatient(Specify)) <b>863 Marion Way Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lillian Jane BIGGS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 22, 1935</b>	
13. SOCIAL SECURITY NUMBER <b>████████-3160</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Lawrence Livermore Laboratory</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>863 Marion Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Howard Hale WHITING SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Winnie L BOWEN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lillian Jane WHITING</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>863 Marion Way Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations 1600 Buckeye Rd Minden NV 89423</b>	
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) <b>SIGNATURE AUTHENTICATED REED DOPF MD</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>February 04, 2019</b>		21c. HOUR OF DEATH <b>11:50</b>		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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 12, 2019</b>	
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) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Terminal Complications Of Chronic Combined Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Ischemic Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF (d) <b>Atherosclerotic Heart Disease</b>			
Interval between onset and death: Years		Interval between onset and death: Years			
Interval between onset and death: Years		Interval between onset and death: Years			
Interval between onset and death: Years		Interval between onset and death: Years			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kidney Disease				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

VRS-Rev-20120523a



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 13 2019**

*Julie Katscheur*  
STATE REGISTRAR

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

