

Lincoln County

**Affidavit-Death of Joint Tenant**

TO 9034 NV 11-79

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln }

DOYLE H. TURPIN

of legal age, being first duly sworn, deposes and says:  
That DORIS I. TURPIN, the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as DORIS I. TURPIN  
named as one of the parties in that certain DEED dated June 12, 1980  
executed by JAMES S. BROOKE and BELVA R. BROOKE  
to DOYLE H. TURPIN and DORIS I. TURPIN, husband and wife  
as joint tenants, recorded as Instrument No. \_\_\_\_\_ on November 6, 1980, in  
book 40, page 327, of Official Records of Lincoln  
County, Nevada, covering the following described property situated in the \_\_\_\_\_  
County of Lincoln, State of Nevada:

Lots Fifty-six (56), Fifty-seven (57) and Fifty-eight (58) in Block Twenty-six  
(26) in the Town of Pioche, Lincoln County, Nevada.

That the value of all real and personal property owned by said decedent at date of death, including the full value of  
the property above described, did not then exceed the sum of \$ \_\_\_\_\_

Dated November 4, 1981

Doyle H. Turpin  
DOYLE H. TURPIN

SUBSCRIBED AND SWORN TO before me

this 4th day of November

Signature Paula Galven

Paula Galven  
Name (Typed or Printed)



**PAULA GALVEN**  
Notary Public - State of Nevada  
CLARK COUNTY

My Appointment Expires July 2, 1983

(This area for official notarial seal)

Title Order No. \_\_\_\_\_

Embro or Loan No. LV 213082-PG

RECORDING REQUESTED BY

Ticor Title Insurance

AND WHEN RECORDS MAIL TO

Mr. Doyle H. Turpin  
1565 Izabella Avenue  
Las Vegas, Nevada 89109

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 78891  
FILED AND RECORDED AT REQUEST OF  
TICOR Title Ins.  
Nov. 14, 1983  
AT 5 MINUTES PAST 12 O'CLOCK  
P M IN BOOK 57 OF OFFICIAL  
RECORDS, PAGE 374 LINCOLN  
COUNTY, NEVADA.

Quinn Schaefer  
COUNTY RECORDER

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Lincoln County

1644 CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89106

1603365  
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STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 5		STATE FILE NUMBER 1603365	
DECEASED - NAME Doris Irene TURPIN		DATE OF DEATH (Month, Day, Year) April 24, 1981	
CITY, TOWN, OR LOCATION OF DEATH Pioche		COUNTY OF DEATH Lincoln	
HOSPITAL OR OTHER INSTITUTION - Name (if not in above, give street and number) Turley St.		If dead at the medical COA of Home, specify (Specify)	
PRECEDENT 1a Race (e.g., White, Black, American Indian, etc.) (Specify) White	2a Ethnicity Irish	3a Age - Last birthday (Total) 47	3b UNDER 1 YEAR HOURS : DAYS : MONTHS
4a White	4b Irish	4c UNDER 1 DAY HOURS : DAYS : MONTHS	5a DATE OF BIRTH (Mo., Day, Yr.) June 8, 1933
6a STATE OF BIRTH (If not U.S.A., name country) Colorado	7a CITIZEN OF WHAT COUNTRY U.S.A.	8a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	9a SURVIVING SPOUSE (If not, give maiden name) Doyle Turpin
10a SOCIAL SECURITY NUMBER	11a USUAL OCCUPATION (Give kind of work done during last 12 months of working life, even if retired) Waitress	12a MARRIED	13a KIND OF BUSINESS OR INDUSTRY Restaurant
14a RESIDENCE - STATE Nevada	15a COUNTY Lincoln	16a CITY, TOWN, OR LOCATION Pioche	17a STREET AND NUMBER P.O. Box 392
18a RESIDENCE - STATE Nevada	19a COUNTY Lincoln	20a CITY, TOWN, OR LOCATION Pioche	21a STREET AND NUMBER P.O. Box 392
PARENTS 14 FATHER - NAME (Type or Print) Claude Simons		15 MOTHER - MAIDEN NAME Helen Lee	
16a Informant - NAME (Type or Print) Doyle Turpin - Husband		17a MAILING ADDRESS (Based on RFD no., City or Town, State, Zip) P.O. Box 392, Pioche, Nevada 89043	
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19a CEMETERY OR CREMATORY - NAME Paradise Crematory	
20a FUNERAL DIRECTOR - SIGNATURE (Of person acting as such) <i>R. Frank Zimmerman</i>		21a NAME AND ADDRESS OF FACILITY Paradise Valley Chapel	
22a To the best of knowledge, death occurred at the time, date and place and due to the (Specify) cause Acute coronary insufficiency		23a On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the (Specify) cause Coronary artery sclerosis	
24a SIGNATURE AND TITLE OF CERTIFIER <i>R. Frank Zimmerman, Dep. Cor.</i>		25a DATE SIGNED (Mo., Day, Yr.) 4-26-81	
26a NAME OF JUDGING PHYSICIAN (If other than certifier) (Type or Print)		27a HOUR OF DEATH 12:57 P.M.	
28a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) R. Frank Zimmerman, Dep. Cor., P.O. Box 32, Pioche, Nevada 89043		29a PREPARED DEAD (Mo., Day, Yr.) 4-24-81	
30a REGISTER <i>Julius Jerome Murphy</i>		31a DATE REGISTERED BY REGISTRAR (Mo., Day, Yr.) APR 29 1981	
32a IMMEDIATE CAUSE (ENTER ONE OR MORE CAUSES PER LINE FOR (a) AND (b)) Acute coronary insufficiency		33a Interval between onset and death	
34a PART (a) DUE TO OR AS A CONSEQUENCE OF Coronary artery sclerosis		35a Interval between onset and death	
34b PART (b) DUE TO AS A CONSEQUENCE OF		35b Interval between onset and death	
36a OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported to causal death in PART 1 (a) Fatty degeneration of liver		37a AUTOPSY (Specify Yes or No) Yes	
38a ACC. SUICIDE, HOW UNDER OR FOLLOWS INJURY (Specify)		39a DATE OF INJURY (Mo., Day, Yr.)	
40a INJURY AT HOME (Specify Yes or No)		41a PLACE OF INJURY - (If home, porch, street, balcony, other building, etc. (Specify))	
42a INJURY AT HOME (Specify Yes or No)		43a LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

No 22

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: MAY 1 1981

NOT VALID WITHOUT THE  
RAISED SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

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Lincoln County

Book 1644

1603365  
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**COPIED**

CLARK COUNTY NEVADA  
JOAN L. SWIFT, RECORDER  
RECORDED AT REQUEST OF  
NEVADA TITLE CO.

Nov 8 9 07 AM '82

FEE *6.00* DEPUTY  
OFFICIAL RECORDS  
BOOK INSTRUMENT

1644

1603365 Book 57 Page 375B