

1908927A

Affidavit—Death of Joint Tenant

STATE OF NEVADA,

County Of Clark

Jane E. Whipple, of legal age, being first duly sworn, deposes and says:
 That Kent Whipple, the decedent mentioned in the attached certified copy
 of Certificate of Death, is the same person as Kent Whipple
 named as one of the parties in that certain Deed dated July, 1972,
 executed by William Jay Wright and Marjorie Wright
 to KENT WHIPPLE and JANE WHIPPLE,
 recorded as instrument No. 52273, on Sept. 28, 1972, in
 book 6, page 164, of Official Records of Lincoln
 County, Nevada, covering the following described property situated in the
 County of Lincoln, State of Nevada:

Township 6 South, Range 61 East, M.D.B & M.

Section 18: Northwest quarter of the Southeast quarter

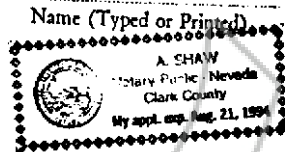
Dated October 22, 1993

Jane E. Whipple
Jane E. Whipple

SUBSCRIBED AND SWORN TO before me

this 22nd day of October, 1993

Signature *A. Shaw*
A. SHAW



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME JANE Whipple
 STREET ADDRESS Hiko, NEU
 CITY & STATE

(This area for official notarial seal)

101107

SPACE BELOW THIS LINE FOR RECORDER'S USE

FILED AND RECORDED AT REQUEST OF

Clark County Title

November 3, 1993

10 MINUTES PAST 3 O'CLOCK

P IN BOOK 107 OF OFFICIAL

RECORDS, PAGE 585 LINCOLN

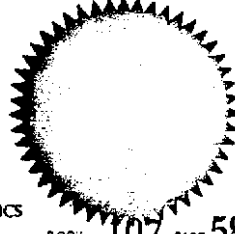
COUNTY, NEVADA.

Yuriko Setzer

By *Leticia Boucher*
Deputy

Lincoln County

DEPARTMENT OF SOCIAL SERVICES													
DIVISION OF HEALTH													
UTAH STATE DIVISION OF VITAL STATISTICS													
CERTIFICATE OF DEATH													
LOCAL FILE NUMBER 11-8				UTAH STATE DIVISION OF VITAL STATISTICS				1977-080380					
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST Kent O'Neil Whipple						2. DATE OF DEATH - MONTH, DAY, YEAR (TIME OF DEATH - 124 HOUR CLOCK) Feb. 5, 1977 3:15 A.M.							
3. SEX Male	4. RACE (PRINT, PLAIN, FOLKLORE) Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ely, Nevada	6. DATE OF BIRTH (MONTH, DAY, YEAR) Aug. 30, 1938	7. AGE (LAST BIRTHDAY) 38	8. USUAL RESIDENCE (STREET ADDRESS (NUMBER AND NUMBER OF LOCATION)) Ranch	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARRIAGE STATUS (MARRIED, WIDOWED, DIVORCED, SEPARATED) Married	11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE NAME) Jane Eleanor Randall	12. USUAL OCCUPATION (GIVE KIND OF WORK DONE, INDUSTRY, NAME OF WORKING UNIT, EVEN IF RETIRED) Rancher-Cattle Buyer	13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY 10-12); COLLEGE (13-16); POSTGRADUATE (17-19) 2	14. NAME OF FATHER Murry John Whipple	15. MAIDEN NAME OF MOTHER Louise Ouida Jones	16. WAS DECEDENT EVER IN U.S. ARMED FORCES (GIVE YEAR OR YEARS) NO
17. USUAL RESIDENCE - STREET ADDRESS (NUMBER AND NUMBER OF LOCATION) Ranch				17a. INSIDE CITY CORPORATE LIMITS (GIVE YES OR NO) Yes	18. NAME & MAILING ADDRESS OF INFORMANT Mrs. Jane Whipple Hiko, Nevada 89017			17c. CITY OR TOWN Hiko		17d. COUNTY Lincoln	17e. STATE Nevada		
19. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (IF AND WHERE APPLICABLE) Valley View Medical Center						19a. CITY OR TOWN Cedar City	19b. COUNTY Iron						
20. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. A. Lamar Graff Jr. M.D.						20a. PHYSICIAN OR MEDICAL EXAMINER'S SIGNATURE <i>A. Lamar Graff Jr.</i>		20b. DATE SIGNED Feb 7 1977					
21. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below, and that I attended the decedent and I last saw the decedent alive on month Feb day 5 year 1977 .						21a. CERTIFIER'S NAME AND TITLE (Type of Print) A Lamar Graff Jr. M. D.		21b. PHYSICIAN'S UTAH LICENSE NO. [REDACTED]					
22. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Yes or No) NO						22a. CERTIFIER'S ADDRESS 170 E Altamira Dr Cedar, Utah 84720							
23a. Burial, cremation, entombment or other disposition Burial		23b. DATE 2-7-77	23c. SIGNATURE OF FUNERAL DIRECTOR <i>Clark Shuffo</i>			23d. FUNERAL HOME - NAME AND ADDRESS Spilsbury & Graff Cedar City, Utah 84720							
24. NAME AND LOCATION OF CEMETERY OR CREMATORY Hiko Cemetery Hiko, Nevada						24a. REGISTERED SIGNATURE OF CEMETERY DIRECTOR <i>W. D. Stratton M.D. Mill 444</i>		24b. DATE OF BURIAL 2-9-77					
25. PART I - DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PER U.S. APPROX.)													
25a. (A) DUE TO OR AS A CONSEQUENCE OF Respiratory arrest						25b. (B) DUE TO OR AS A CONSEQUENCE OF Hemorrhagic pneumonia		25c. (C) DUE TO OR AS A CONSEQUENCE OF Metastatic adenocarcinoma of Lung		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days			
26. PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE (GIVEN IN PART I)													
None Associated													
27. DATE AND HOUR REPORTED na		28. DATE OF INJURY (month, day, year) na		29. TIME OF INJURY (24 HOUR CLOCK) na		30. INJURY AT WORK (YES OR NO) na		31. PLACE OF INJURY (STREET ADDRESS, CITY, COUNTY, STATE) na		32. PLACE OF INJURY (STREET ADDRESS, CITY, COUNTY, STATE) na			
33. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) na		34. HOW INJURY OCCURRED (ENTER SIGNIFICANT EVENTS WHICH RESULTED IN INJURY - NATURE OF INJURY SHOULD BE ENTERED IN ITEM 25) na		35. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC SUBSTANCES (YES OR NO) na		36. WERE LABORATORY TESTS DONE FOR ALCOHOL (YES OR NO) na		37. WERE AUTOPSY TESTS DONE (YES OR NO) na		38. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF OCCURRED WHILE OPERATING OR PASSENGER IN MOTOR VEHICLE na			



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This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date Issued: **AUG 24 1979**

COUNTY: _____

REGISTRAR: _____

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

BY: _____

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY