

**Official Record**

Recording requested By  
BRET WHIPPLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: DP

Book- 256

Page- 0624



0136083

11-160-23

Affidavit  
Terminating Joint Tenancy

**Recording Requested by:**

Jane Whipple

**Return Documents To:**

Name Mrs. Jane Whipple

Address HC 61 Box 27

City/State/Zip Hiko, Nevada 89017

This page added to provide additional information required by NRS 111.312 Section 1-2

(An additional recording fee of \$1.00 will apply)

This cover page must be typed or printed clearly in black ink only.



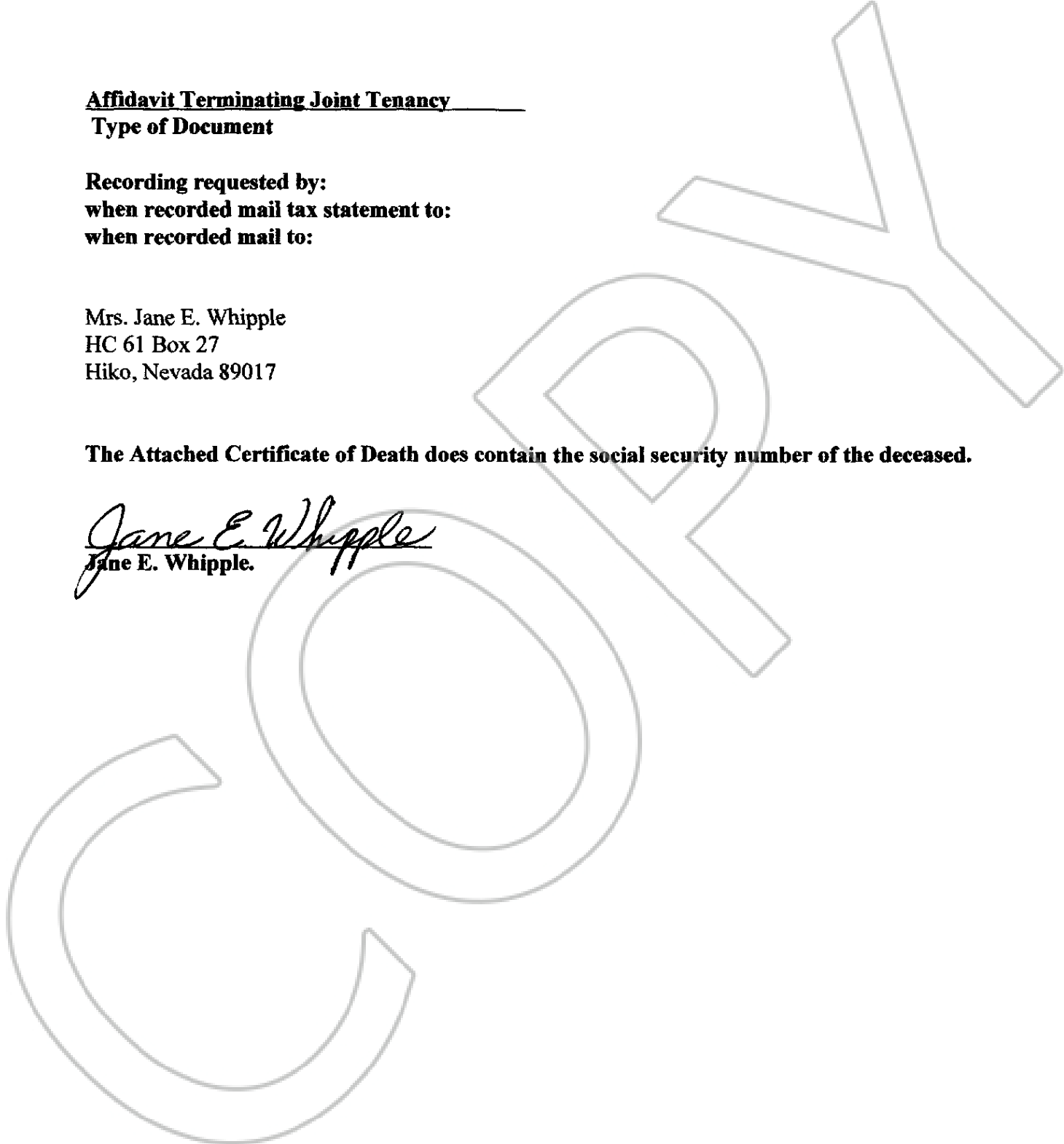
**Affidavit Terminating Joint Tenancy**  
**Type of Document**

**Recording requested by:**  
**when recorded mail tax statement to:**  
**when recorded mail to:**

Mrs. Jane E. Whipple  
HC 61 Box 27  
Hiko, Nevada 89017

**The Attached Certificate of Death does contain the social security number of the deceased.**

*Jane E. Whipple*  
**Jane E. Whipple.**





**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA )  
 )ss.  
COUNTY OF LINCOLN)

**JANE E. WHIPPLE, being first duly sworn, deposes and says: That affiant is over the age of age of eighteen (18) years and competent to be a witness as to the matters hereinafter state.**

**That KENT WHIPPLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain GRANT, BARGAIN, and SALE DEED dated the 9<sup>th</sup> day of August, 1972. Executed by WILLIAM JAY WRIGHT and MARJORIE WRIGHT to KENT WHIPPLE and JANE E. WHIPPLE, husband and wife as joint tenants as recorded as Book 6 and Page No. 166 in the office of the County Recorder of Lincoln County, State of Nevada, covering the following described property situated in the County of Lincoln, State of Nevada, and more particularly described as:**

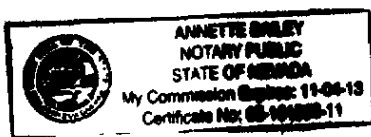
**The Northwest quarter of the Southwest quarter (NW1/4SE1/4) of Section 18, Township 6 south, Range 61 East, M.D.B.&M., together with all improvements thereon.**

**IN WITNESS WHEREOF, I have hereunto set my hand this 12<sup>th</sup> day of ~~May~~ <sup>June</sup>, 2010.**

*Jane E. Whipple*  
Jane E. Whipple

Subscribed and sworn to before me this 12<sup>th</sup> day of ~~May~~ <sup>June</sup>, 2010.

*Annette Bailey*  
NOTARY PUBLIC, In and for said  
County and State



DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

UTAH STATE DIVISION OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1a. NAME OF DECEDENT - FIRST, MIDDLE, LAST <b>Kent O'Neil Whipple</b>				2a. DATE OF DEATH - MONTH, DAY, YEAR <b>Feb. 5, 1977</b>		2b. TIME OF DEATH - (24 HOUR CLOCK) <b>3:15 A.M.</b>	
3. SEX <b>Male</b>	4. RACE (WHITE, BLACK, INDIAN, ETC.) <b>Cauc.</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Ely, Nevada</b>	6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Aug. 30, 1938</b>	7. AGE (LAST BIRTH DAY) <b>38</b> YEARS	8. IF UNDER 1 YEAR MONTHS   DAYS	9. IF UNDER 24 HOURS HOURS   MINUTES	
8. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Jane Eleanor Randall</b>			
12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Rancher-Cattle Buyer</b>		12b. KIND OF BUSINESS OR INDUSTRY		13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED ELEMENTARY OR SECONDARY (0-12)   COLLEGE (14 or 5+) <b>2</b>			
14. NAME OF FATHER <b>Murry John Whipple</b>			15. MAIDEN NAME OF MOTHER <b>Louise Ouida Jones</b>			16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>	
17a. USUAL RESIDENCE - STREET ADDRESS (street and number or location) <b>Ranch</b>			17b. INSIDE CITY CORPORATE LIMITS (Specify YES or NO) <b>Yes</b>	18. NAME & MAILING ADDRESS OF INFORMANT <b>Mrs. Jane Whipple Hiko, Nevada 89017</b>			
17c. CITY OR TOWN <b>Hiko</b>		17d. COUNTY <b>Lincoln</b>		17e. STATE <b>Nevada</b>			
19a. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (if not in either, give street address or location) <b>Valley View Medical Center</b>				19b. CITY OR TOWN <b>Cedar City</b>		19c. COUNTY <b>Iron</b>	
20a. 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.				20b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>A. Lamar Graff Jr.</i>		20c. DATE SIGNED <b>Feb 7, 1977</b>	
20d. 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 <u>Feb</u> day <u>5</u> year <u>1977</u> .				20e. CERTIFIER'S NAME AND TITLE (Type or Print) <b>A Lamar Graff Jr. M. D.</b>		20f. PHYSICIAN'S UTAH LICENSE NO.	
21. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Yes or No): IF "YES", DATE & HOUR REPORTED: _____ 24 hour clock				20g. CERTIFIER'S ADDRESS <b>170 E Altamira Dr Cedar, Utah 84720</b>			
22a. Burial, entombment, cremation or removal (specify) <b>Burial</b>		22b. DATE <b>2-7-77</b>		23. SIGNATURE OF FUNERAL DIRECTOR <i>Clark</i>		24. FUNERAL HOME - NAME AND ADDRESS <b>Spilsbury &amp; Graff Cedar City, Utah 84720</b>	
25. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Hiko Cemetery Hiko, Nevada</b>				26. LOCAL REGISTRAR - SIGNATURE <i>W. D. Hoffman</i>		27. Date accepted for registration by local registrar <b>2-9-77</b>	
28. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)							
IMMEDIATE CAUSE:		(A) <i>Respiratory arrest</i>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF		(B) <i>Hemorrhagic pancreatitis</i>				3 days	
DUE TO, OR AS A CONSEQUENCE OF		(C) <i>Metastatic adenocarcinoma of Lung</i>					
29. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. <b>None Associated</b>						30a. AUTOPSY (specify YES or NO) <b>no</b>	
30b. IF YES, were findings considered in determining cause of death? (specify Yes or No) <b>na</b>							
31. Accident, suicide, homicide, undetermined or pending investigation (specify) <b>na</b>		32a. DATE OF INJURY (month, day, year) <b>na</b>		32b. TIME OF INJURY (24 HOUR CLOCK) <b>na</b>		33. INJURY AT WORK (specify YES or NO) <b>na</b>	
34. PLACE OF INJURY (specify name, farm, factory, freeway, street, office building, etc.) <b>na</b>		35a. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>na</b>		35b. Distance from place of injury to usual residence (item 17) <b>na</b> MILES		36. Were laboratory tests done for drugs or toxic chemicals? (specify Yes or No) <b>na</b>	
37. Were laboratory tests done for alcohol? (specify Yes or No) <b>na</b>							
38. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28) <b>na</b>						39. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. <b>na</b>	

SDM-BHS-12 Rev. 1/76

FDH-BHS 95 (5-76)

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:

**FEB 9 1977**

COUNTY:

REGISTRAR:

**SOUTHWESTERN UTAH  
DIST. HEALTH DEPT.**

*W. D. Hoffman M.D. M.H.*

*John E. Brockert*  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS  
BY: *PEH*

