NLS 6956

APN: 011-070-19 (Ptn)

RECORDING REQUESTED BY:

Nevada Land Services

WHEN RECORDED MAIL TO:

Nevada Land Services 761 S. Raindance Dr Pahrump NV 89048

DOC # 0147072

01:56 PM

Recording requested By NEVADA LAND SERVICES

Lincoln County - NV Leslie Boucher – Recorder

Fee: \$17.00 Page 1 RPTT: Recorded By: HB Book- 293 Page- 0758

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525

(Law).

Signature

This page is added to provide information required by NRS 111.312, Sections 1-2. (Additional recording fees apply)

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AFFIDAVIT DEATH OF JOINT TENANT

STATE OF Nevade

KEITH MURRY WHIPPLE, of legal age, being first duly sworn, deposes and says: That

GWENDOLYN WHIPPLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GWENDOLYN L. WHIPPLE, named as one of those parties in that certain Joint Tenancy Deed dated June 6, 1960, executed by GEORGE E. NESBITT and ADA T. NESBITT, husband and wife, to KEITH MURRY WHIPPLE and GWENDOLYN L. WHIPPLE, husband and wife as joint tenants, recorded June 15, 1960 in Book L-1 of Real Estate Deeds, page 281 as File No. 37390, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

TOWNSHIP 4 SOUTH, RANGE 60 EAST, M.D.B.& M.

Section 14: That portion of the Southwest Quarter (SW1/4) of the Northwest Quarter (NW1/4) lying Easterly of Nevada State Highway 318

EXCEPTING THEREFROM any portion of said land existing within the County Road and that parcel of land lying South of the boundaries of the County Road to the Hiko Cemetery as shown on that certain Record of Survey recorded November 16, 1983 in Book A of Plats, page 218 as File No. 78914, Lincoln County, Nevada records.

ALSO EXCEPTING THEREFROM Parcel 2 of that certain Parcel Map recorded December 12, 1980 in Book A of Plats, page 171 as File No. 70508, Lincoln County, Nevada records.

FURTHER EXCEPTING THEREFROM Parcel 1 of that certain Parcel Map recorded September 12, 1995 in Book A of Plats, page 450 as File No. 103962, Lincoln County, Nevada records.

SAID LAND being a portion of and existing wholly within the parcel of land conveyed by the aforesaid Deed, and was originally described as follows:

The Southerly 694 feet (693 x 1320) of the Southeast Quarter of the Southwest Quarter of Section 11, and all of the West Half of the Northwest Quarter, and all of the Northwest Quarter of the Northwest Quarter of Section 14, Township 4 South, Range 60 East, M.D.B.& M.

DATE: <u>3/1/15</u>

KEITH MURRY WHIPPLE

STATE OF Menado COUNTY OF Sincoln

This instrument was acknowledged before me on by KEITH MURRY WHIPPLE.

3/7/15

Notary Public

ANNETTE BAILEY

NOTARY PUBLIC, STATE OF NEVADA

MY COMMISSION EXPIRES: 09-18-17

CERTIFICATE NO: 05-101563-11



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

2)' TYPE OR	CERTIFICATE OF DEATH				2008015045 STATE FILE NUMBER			
PRINT IN	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)				2. DATE OF DEATH (Mo/Day/Year) 38. COUNTY OF DEATH			
PERMANENT BLACK INK	Gwendolyn WHIPPLE				September 08, 2008 Lincoln			
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3c. If Hosp. or Inst. Indicate DOA OP/Emer. Rn						OP/Emer. Rm. 4. SE	ĒΧ
DECEDENT	Hiko 5 RACE White		2 Whipple			Home		emale
	(Specify)		rigin? Specify	7a. AGE-Last birthday (Years) 74	MOS DAYS HOU	RS MINS	June 16, 193	• •
OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION	9a: STATE OF BIRTH (if not U.S.A., name country) Utah	95. CITIZEN OF WHAT COU United States	DIVORCED (Specific Property of the Country of the C		VER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (If wife, give maiden name) Keith Murry WHIPPL			
	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION of Working Life, Even if Retir	Ia. USUAL OCCUPATION (Give Kind of Work Done During Most Working Life, Even If Retired) Teachers Aide		146. KIND OF BUSINESS OR INDUSTRY Ever in US Armed			Amed
	15a. RESIDENCE - STATE 15b. C		CITY, TOWN OR LO		Edu STREET AND NUMBER	cation	Forces? N	СПУ
	Nevada	Lincoln	Hiko		hipple Ln			cify Yes Yes
	16. FATHER/PARENT - NAME (First Middle Lest Suffix) 17. MOTHER/PARENT - NAME (First Middle Lest Suffix) Leland Orson LAMOREAUX Thelma STRATON							
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)							
	Vicki MILLER HC 61 Box 3 Hiko, Nevada 89017 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State							
	Burial Hiko Gernetery Hiko Nevada 89017							
	208. FUNERAL DIRECTOR - SIGNATU TODD B		20b, FUNERAL DIRECTOR LIC		E AND ADDRESS OF FAC	ILITY Nevada Mo	ortuany	
	SIGNATURE A	UTHENTICATED	807		730 Front Str			
FRADE CALL	TRADE CALL - NAME AND ADDRESS	W. C.						
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 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) 22b. DEREK FOREMASTER 31gNATURE AUTHENTICATE 22c. HOUR OF DEATH 22c. HOUR OF DEATH							
CERTIFIER	21b. DATE SIGNED (Mo/Day(Yr)) 21c. HOUR OF DEATH 22b. DATE				SIGNED (Mo/Day/Yr) 22c: HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRO				IOUNCED DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT (Hour			(Hour)
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Derek Foremaster 1050 SR 322 Pioche, NV 89043							
REGISTRAR	24a. REGISTRAR (Signature)	CHRISTINA GRIFF	TH	24b. DATE RECEIVE	D BY REGISTRAR 24		TO COMMUNICABLE O	DISEASE
CAUSE OF	25. IMMEDIATE CAUSE (EN	ER ONLY ONE CAUSE PER L		Ou	ober 08, 2008		NO X	nd death
DEATH	PART (a) Acute Myocar	dial Infarction	59 <u> </u>		·		THE POLITICAL DESIGNATION OF THE POLITICAL DE	na occur
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LABT	DUE TO, OR AS A CO	•		/ /	er en O de des	l	nterval between onset a	nd death
	DUE TO, OR AS A CO Congestive H	eart Failure		/ /			nterval between onset a	nd death
	DUE TO OR AS A CO						nterval batwaen enset s	ind death
1 /	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) TO CORONER (Specify Yes No) or No) Yes							
	OR PENDING INVEST. (Specify)	ATE OF INJURY (Mo/Day/Yr)	28¢. HOUR OF INJU	:	IOW INJURY OCCURRED			Yes
/ /	28e. INJURY AT WORK (Specify 28f. f Yes or No)	PLACE OF INJURY- At home, faing, etc. (Specify)	arm, street, factory, o	office 28g. LOCATIO	N STREET OR R.F.D	. No. CITY	OR TOWN	STATE

Information Corrected, State Affidavit# 50244, 11/14/2008 - 2

STATE REGISTRAR

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:

NOV 2 5 2014

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE