

LINCOLN COUNTY, NV

2024-166740

\$37.00

Rec:\$37.00

03/27/2024 12:37 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 011-070-37
File No: 13895-2672327 (DP)

When Recorded return to, and mail Tax Statements to:
Keith Whipple
3 Whipple Lane
Hiko, NV 89017

AFFIDAVIT - TERMINATING JOINT TENANCY

Keith 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 Whipple** named as one of the parties in that certain **Joint Tenancy Deed** dated **October 28th, 1984** executed by **Louise Ouidia Whipple Aicher and Keith Murry Whipple** to **Keith Whipple and Gwendolyn Whipple, husband and wife**, as joint tenants, recorded as Document No. **81586** on **November 20th, 1984** in Book **63, page 100-102** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Parcel 1:

Parcel 5B on the Subsequent Parcel Map of Parcel Map, Plat Book C, Page 341 for Douglas J. Miller and Victoria W. Miller, filed as Document 0132545 on August 29, 2008 in Book C, Page 426 in the Official Records of Lincoln County.

Parcel 2:

Property to be added to the easterly side of Parcel 5B of Plat Book C Page 426 located in Section 14 of Township 4 South, Range 60 East M.D.M. and more particularly described as follows:

Beginning at the Southeast corner of said Parcel 5B located by a rebar and plastic cap stamped L. Smith PLS 12751, from which point the Southeast corner of said Section 14 bears S 39° 40' 34" W 1974.16';

Thence N 02° 32' 11" E 175.18';

Thence N 89° 02' 56" E 110.00';

Thence S 01° 14' 01" E 178.38';

Thence N 89° 17' 26" W 121.59' to the point of beginning.

Note: The above metes and bound description appeared previously in that certain document recorded June 29, 2017, in Book D, Page 0239, as Instrument No. 0152336 of Official Records.

Keith Whipple 3-15-24
Keith Whipple

Keith Whipple

Date

STATE OF **NEVADA**)
COUNTY OF Lincoln) :ss.

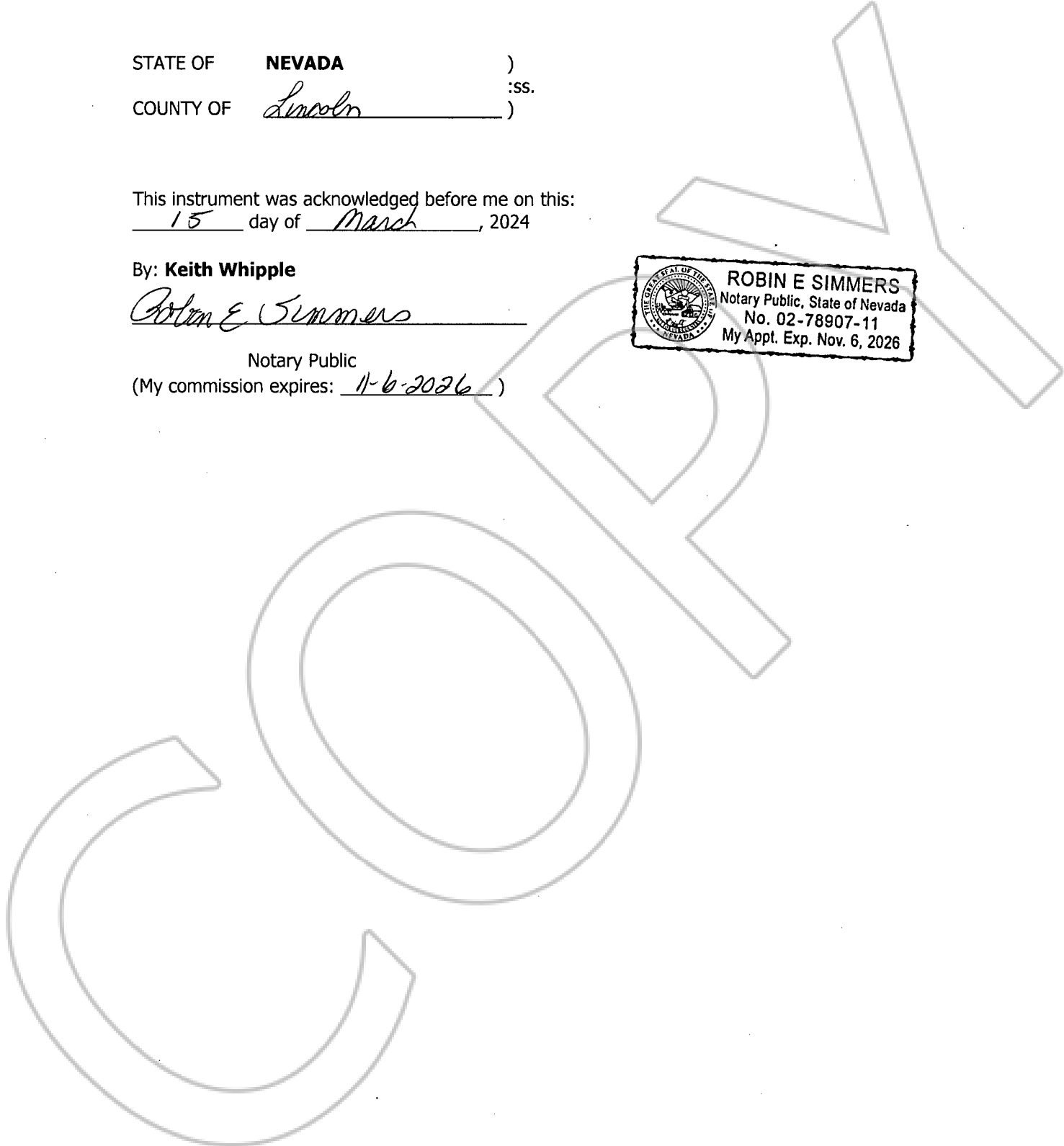
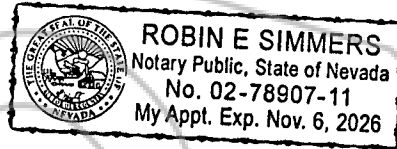
This instrument was acknowledged before me on this:
15 day of March, 2024

By: **Keith Whipple**

Robin E Simmers

Notary Public

(My commission expires: 11-6-2026)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 558915

CERTIFICATE OF DEATH

20080 15045
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gwendolyn WHIPPLE		2. DATE OF DEATH (Mo/Day/Year) September 08, 2008		3a. COUNTY OF DEATH Lincoln		
	3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 2 Whipple Ln		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
	4. SEX Female						
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 16, 1934		
	9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSES NAME (Last name prior to first marriage) Keith Murry WHIPPLE				
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko		
PARENTS	15d. STREET AND NUMBER 2 Whipple Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Leland Orson LAMOREAUX			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma STRATON			
	18a. INFORMANT- NAME (Type or Print) Vicki MILLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 61 Box 3 Hiko, Nevada 89017				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hiko Cemetery		19c. LOCATION City or Town State Hiko Nevada 89017		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008		
	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		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) DEREK FOREMASTER SIGNATURE AUTHENTICATED				
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) October 08, 2008		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 08, 2008		22e. PRONOUNCED DEAD AT (Hour) 17:30		
REGISTRAR	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				23b. LICENSE NUMBER		
	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 08, 2008		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).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		(a) Acute Myocardial Infarction			Interval between onset and death	
			DUE TO, OR AS A CONSEQUENCE OF: Heart Disease			Interval between onset and death	
			(b) Congestive Heart Failure			Interval between onset and death	
		(c) Cardiac Arithmetic			Interval between onset and death		
		(d)			Interval between onset and death		
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) NO		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							
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	

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



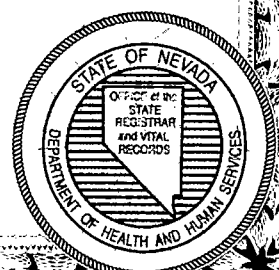
CERTIFIED COPY OF VITAL RECORDS

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: **3/20/2024**

Cody D. Phinney
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE