

EUREKA COUNTY, NV  
LAND-AGR  
Rec: \$37.00  
Total: \$37.00  
KENNETH WHITE

**2022-247881**  
03/11/2022 10:33 AM  
Pgs=3

APN # NA

Recording Requested By:

Name Kenneth White

Address 1319 Ernest Dr.

City/State/Zip Idaho Falls, ID 83402



00015520202202478810030033

LISA HOEHNE, CLERK RECORDER

AFFIDAVIT

(Title of Document)

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

**AFFIDAVIT OF ENTITLEMENT FOR ESTATES  
THAT DO NOT EXCEED \$25,000 FOR A NON-SPOUSE CLAIMANT  
OR THAT DO NOT EXCEED \$100,000 FOR A SPOUSE CLAIMANT  
NRS 146.080**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF EUREKA        )

Kenneth White

being first duly sworn, upon oath says:  
That he/she is the person with the right to succeed to the property of Christina Turner, Deceased, either as an heir or under the Last Will and Testament of the decedent, who died in Reno, NV on the 22 day of September, 2021, being a resident of the State of Nevada, leaving an estate in the County of Eureka, State of Nevada, which is not real property nor a lien thereon, of a gross value that does not exceed \$25,000 for a non-spouse claimant, or \$100,000 for a spouse claimant, consisting of the following:

Bank account 3,000.

(Set forth whatever the asset(s) may be: Bank account, stock certificate, insurance proceeds, payroll check, personal property, et cetera, and the portion claimed. Do not include the value of any motor vehicles.)  
**(check one)**

That he/she, as the \_\_\_\_\_ of the Decedent, has the right, pursuant to the provisions of NRS 146.080, to succeed to said property of said decedent, and to have any evidences of interest, indebtedness or right transferred to him/her by \_\_\_\_\_ (provide name of person, representative, corporation or body having custody of such property or acting as registrar or transfer agent of such evidence of interest.)

-- OR --

That the following persons: Kenneth White, Melissa Humphrey are the legal heirs of the Decedent, and that affiant is entitled to payment or delivery on behalf of and with the written authority of all such successors who have an interest in the property.

- That at least forty days have elapsed since the date of death of decedent.
- That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- That all debts of decedent, including funeral and burial expenses, have been paid or provided for.
- That no funds are owed to Nevada State Welfare ("Medicaid").
- That affiant has given written notice, if necessary, by personal service or by certified mail, identifying his/her claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to that of affiant, and that at least 14 days have elapsed since the notice was served or mailed.

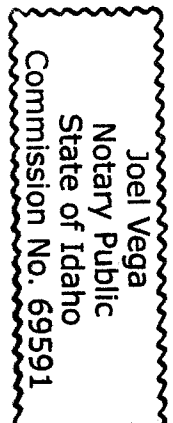
That affiant is personally entitled to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.

That affiant has no knowledge of any existing claims for personal injury or tort damages against the decedent.

That affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in the State of Nevada.

Subscribed and sworn to before me  
this 8<sup>th</sup> day of March, 2022.

Joel Vega  
Notary Public in and for said  
County and State Bannerille County  
Idaho



Kenneth White  
(Signature)  
Kenneth White  
(Name, printed or typed)  
1319 Ernest Dr  
(Street Address)  
Idaho Falls, ID 83402  
(City, State & Zip Code)

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4238154

**CERTIFICATE OF DEATH**

**2021023934**  
STATE FILE NUMBER

|  |  |   |   |   |   |   |  |
|--|--|---|---|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Christina Marie TURNER</b>  |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>September 22, 2021</b>   |   | 3a. COUNTY OF DEATH<br><b>Washoe</b>  |   |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>  |   | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>Veterans Hospital - Washoe</b>   |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Inpatient</b>  |   |  |
| DECEASED   | 4. SEX<br><b>Female</b>  |   | 5. RACE (Specify)<br><b>White</b>   |   | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>   |   |  |
|  | 7a. AGE-Last birthday (Years)<br><b>69</b>   |   | 7b. UNDER 1 YEAR<br>MO'S    DAYS  |   | 7c. UNDER 1 DAY<br>HOURS    MINS  |   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>December 14, 1951</b>   |   | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Idaho</b>   |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   |  |
|  | 10. EDUCATION<br><b>16</b>   |   | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>  |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)   |   |  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER   |   | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>TEACHER</b>   |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>EDUCATION</b>   |   |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>  |   | 15b. COUNTY<br><b>Eureka</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Crescent Valley</b>   |   |  |
| CREMATION  | 15d. STREET AND NUMBER<br><b>90 North 15th Street</b>  |   | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Herman Francis VESELY</b>   |   |  |
|  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Evelyn Goldine JONES</b>   |   | 18a. INFORMANT- NAME (Type or Print)<br><b>Melissa HUMPHREY</b>   |   | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>3590 Candelaria Dr. Sparks, Nevada 89434</b>   |   |  |
| TRADE CALL   | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |   | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>  |   |  |
|  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>HARRISON CODY BILLIAN</b><br>SIGNATURE AUTHENTICATED  |   | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD943</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Truckee Meadows Cremation and Burial</b><br><b>616 South Wells Avenue Reno NV 89502</b>   |   |  |
| 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)<br><b>REBECCA J DESFOR DO</b><br>SIGNATURE AUTHENTICATED |   | 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) |   | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV. 89502</b> |   |  |
|  | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>September 30, 2021</b>  |   | 21c. HOUR OF DEATH<br><b>17:20</b>  |   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |   |  |
| REGISTRAR  | 22b. DATE SIGNED (Mo/Day/Yr)   |   | 22c. HOUR OF DEATH  |   | 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |   |  |
|  | 22e. PRONOUNCED DEAD AT (Hour)   |   | 23b. LICENSE NUMBER<br><b>DO2415</b>  |   | 24a. REGISTRAR (Signature)<br><b>BLAIR J HEDRICK</b><br>SIGNATURE AUTHENTICATED   |   |  |
| CAUSE OF DEATH   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>September 30, 2021</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |   | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I  |   |  |
|  | (a) <b>Metastatic Hepatocellular Carcinoma Of The Liver</b>  |   | DUE TO, OR AS A CONSEQUENCE OF:   |   | Interval between onset and death  |   |  |
| CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST   | (b) <b>Chronic Hepatitis C</b>   |   | DUE TO, OR AS A CONSEQUENCE OF:   |   | Interval between onset and death  |   |  |
|  | (c) <b>Unknown Etiology</b>  |   | DUE TO, OR AS A CONSEQUENCE OF:   |   | Interval between onset and death  |   |  |
| (d)  |  | DUE TO, OR AS A CONSEQUENCE OF:   |   | 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)<br><b>No</b>          |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b> |  |
| 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 |   |   |  |

000436800

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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: **10/1/2021** this copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

