

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



000155202202478810030033

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 3000.

(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 8th day of March, 2022.

Joel Vega
Notary Public
State of Idaho
Commission No. 69591

Kenneth White

(Signature)

Kenneth White

(Name, printed or typed)

1319 Ernest Dr

(Street Address)

Idaho Falls, ID 83402

(City, State & Zip Code)

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

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) Christina Marie TURNER				2. DATE OF DEATH (Mo/Day/Year) September 22, 2021		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Veterans Hospital - Washoe		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MO'S DAYS HOURS MIN'S	
	7c. UNDER 1 DAY HOURS MIN'S		8. DATE OF BIRTH (Mo/Day/Yr) December 14, 1951					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)							
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER				14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		15d. STREET AND NUMBER 90 North 15th Street	
CREMATION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman Francis VESELY		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES					
	18a. INFORMANT- NAME (Type or Print) Melissa HUMPHREY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434					
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
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) REBECCA J DESFOR DO 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)			
	21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021		21c. HOUR OF DEATH 17:20		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV. 89502				23b. LICENSE NUMBER DO2415			
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Hepatocellular Carcinoma Of The Liver DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
	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

