

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF Lincoln

}SS

Madeline T. Phillips of legal age, being first duly sworn, deposes and says: That Kenneth W. Phillips, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kenneth W. Phillips, named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 13, 1981, executed by John B. Cahill and Katherine D. Cahill to Kenneth W. Phillips and Madeline T. Phillips, as joint tenants, recorded as Instrument No. 72009, on April 13, 1981, in book 43, page 547, of Official Records of Lincoln County, Nevada, covering the following described property situated in the town of Panaca, County of Lincoln, State of Nevada:

All of Lot numbered Ninety-one (91) in Sun Gold Manor Unit No. 1, in said Town of Panaca, as said lot is delineated and described on the official plat of said Sun Gold Manor Unit No. 1, now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat reference is hereby made for further particular description.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

APN: 02-073-12

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ \$ 10.00

Dated August 18, 1995

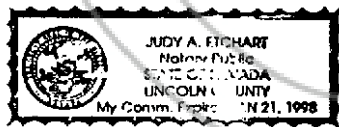
Madeline T. Phillips

SUBSCRIBED AND SWORN TO before me

this 18th day of August

Signature Judy A. Etchart

Judy A. Etchart
Name (Typed or Printed)



SPACE BELOW FOR RECORDER'S USE

WHEN RECORDED MAIL TO

103872

MADeline Phillips

Aug. 18, 1995

35

115

39

J. Mike Setzer

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

006215

STATE FILE NUMBER

LOCAL FILE NUMBER 006215		DECEASED—NAME Kenneth Wallace PHILLIPS Sr		DATE OF DEATH (Month, Day, Year) December 10, 1991	COUNTY OF DEATH Clark
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2038 Palm Street, #316		SEX Male	
RACE—(a) White, Black, American Indian, etc. (Specify) White		Was Decedent of Hispanic Origin? Specify (If not either, give street and number) No		AGE—Last Birthday (Years) 74-82	DATE OF BIRTH (Mo., Day, Yr.) December 26, 1918
STATE OF BIRTH (If not U.S.A., name country) New York		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
SOCIAL SECURITY NUMBER [Redacted]		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) General Manager/Retired		SURVIVING SPOUSE (If wife, give maiden name) Madeline Fitzharris	
RESIDENCE—STATE Nevada		CITY, TOWN, OR LOCATION Clark Las Vegas		STREET AND NUMBER 2038 Palm St. #316	
FATHER—NAME First Middle Last Wallace B. Phillips		MOTHER—MAIDEN NAME First Middle Last Mary Ingles		Mailing Address (Street or R.F.D. No., City or Town, State, Zip) 2038 Palm Street #316 Las Vegas Nevada 89104	
INFORMANT—NAME (Type or Print) Madeline Phillips - wife		BURL CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME LOCATION Southern Nevada Veterans Memorial Cemetery Boulder City Nevada	
FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 27		NAME AND ADDRESS OF FACILITY Palm Mortuary 1325 No. Main St. Las Vegas, Nevada	
CERTIFIER A19.2		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) G. Sheldon Green, MD, Chief Med. Exam., 1704 Pinto Ln., Las Vegas, NV		LICENSE NUMBER 3004	
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 13 1991		DEATH DUE TO COMMUNICABLE DISEASE 25c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I IMMEDIATE CAUSE Arteriosclerotic cardiovascular disease		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 I		AUTOPSY (Specify Yes or No) No		WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
ACC. SUICIDE HON. UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 034947

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: OCT 18 1991

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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