

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 242 Page- 0070



RECORDING REQUESTED BY

First American Title Insurance
Company National Commercial
Services of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Joyce Phillips
1043 Graham Manor
Washington, UT 84780

Space Above This Line for
Recorder's Use Only

A.P.N. 012-040-11

File No.: NCS-343088-HHLV (ak)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Joyce A. Phillips ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Willard Phillips** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **July 2, 2005** at **St. George, Utah** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 23, 1993** executed by **Willard Phillips** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **January 26, 1993** which was recorded as Instrument No. **100022** in Book **105**, Page **106**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



Dated: May 9, 2008

DECLARANT:

Joyce A Phillips
Joyce A. Phillips, Successor Trustee

State of Utah)
)ss
County of Washington)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washington and State Utah, this 27th day of May, 20 08 by Joyce A Phillips, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Handwritten Signature]

My Commission Expires: 08/17/2010

Notary Name: Darin D. Larson Notary Phone: 435-635-6300

Notary Registration Number: _____ County of Principal Place of Business Washington

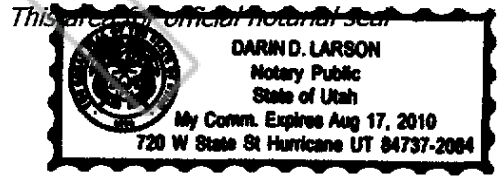


EXHIBIT "A"**PARCEL NO. 1:**

THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHWEST QUARTER (NW1/4) AND THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION THIRTY-THREE (33), TOWNSHIP ONE (1) SOUTH, RANGE 68 EAST, MT. DIABLO BASE AND MERIDIAN AND BEING LAND EMBRACED IN PATENT NO. 7073.

PARCEL NO. 2:

A PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 33, TOWNSHIP 1 SOUTH, RANGE 68 EAST MT. DIABLO BASE & MERIDIAN AND BEING MORE FULLY DESCRIBED AS COMMENCING AT THE NORTHWEST QUARTER CORNER STAKE AND RUNNING THENCE SOUTH TWENTY (20) RODS; THENCE EAST EIGHTY (80) RODS TO THE EAST BOUNDARY LINE; THENCE NORTH TWENTY (20) RODS TO THE NORTHEAST CORNER AND THENCE WEST ALONG THE QUARTER SECTION LINE FIRST ABOVE MENTIONED TO THE NORTHWEST CORNER STAKE AND THE PLACE OF BEGINNING.

NOTE: PRIOR TO CLOSING OF ESCROW, A PROPERLY ENGINEERED METES AND BOUNDS LEGAL DESCRIPTION MUST BE SUBMITTED TO THE TITLE DEPARTMENT.



DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-447 STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Willard Reese Phillips		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) July 2, 2005	3b. TIME OF DEATH (24 Hr. Clock) 1235
4. DATE OF BIRTH (Mo., Day, Yr.) July 13, 1935	5. AGE - Last Birthday (Years) 69	6. BIRTHPLACE (City & State or Foreign Country) Caliente, Nevada	7. SOCIAL SECURITY NUMBER [REDACTED]	
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> 1. Inpatient; <input type="checkbox"/> 2. ER/Outpatient; <input type="checkbox"/> 3. DOA; <input type="checkbox"/> 4. Nursing Home/Long term care facility; <input type="checkbox"/> 5. Decedent's Home; <input type="checkbox"/> 6. Other (specify) _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> 1. Inpatient; <input type="checkbox"/> 2. ER/Outpatient; <input type="checkbox"/> 3. DOA; <input type="checkbox"/> 4. Nursing Home/Long term care facility; <input type="checkbox"/> 5. Decedent's Home; <input type="checkbox"/> 6. Other (specify) _____				
8a. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) DIXIE REGIONAL MEDICAL CENTER		8b. COUNTY OF DEATH Washington		8c. CITY, TOWN OR LOCATION OF DEATH St. George
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes; <input type="checkbox"/> 2. No; <input type="checkbox"/> 3. Unk.		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married; <input type="checkbox"/> 2. Married; <input type="checkbox"/> 3. Widowed; <input type="checkbox"/> 4. Divorced; <input type="checkbox"/> 5. Married, but separated; <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Joyce Ann Burton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retiree.) Pilot		12b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force		12c. RESIDENCE - STREET AND NUMBER 1043 North Graham Manor
13a. STATE Utah	13b. COUNTY Washington	13c. CITY, TOWN, COMMUNITY, OR RURAL Washington	13d. ZIP CODE 84780	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes; <input type="checkbox"/> 2. No
14. FATHER'S NAME (First, Middle, Last) Alvin LaVon Phillips		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Bernice Simkins		
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Sheila Willingham Daughter P.O. Box 623, Panaca, Nevada 89042				
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment; <input type="checkbox"/> 2. Donator; <input checked="" type="checkbox"/> 3. Other; <input checked="" type="checkbox"/> 4. Burial; <input type="checkbox"/> 5. Cremation; <input type="checkbox"/> 6. Removal		18a. DATE OF DISPOSITION July 7, 2005		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) WASHINGTON CITY CEMETERY
19a. LOCATION OF DISPOSITION - City or Town, State Washington, Utah		19b. LICENSEE NUMBER 4917138	20. FUNERAL HOME (Name and complete address) Metcalf Mortuary 288 West St. George Blvd St. George, Utah 84770	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Michael Street</i>				
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.				
M.E. Case No. _____		LIC. NO. 276570		DATE SIGNED 7/6/05
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) Gus C. FENDLETON, M.D., 736 S. 900 E., Ste. 203, St. George, UT 84790			23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 6-30-05	
24. PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MONOCLYTIC LEUKEMIA DUE TO (OR AS A CONSEQUENCE OF): b. _____ c. _____ d. _____				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes; <input checked="" type="checkbox"/> 2. No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes; <input checked="" type="checkbox"/> 2. No		
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death. <input checked="" type="checkbox"/> 5. NON USER		27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural; <input type="checkbox"/> 2. Accident; <input type="checkbox"/> 3. Suicide; <input type="checkbox"/> 4. Homicide; <input type="checkbox"/> 5. Could not be determined; <input type="checkbox"/> 6. Pending investigation		
28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year		29a. DATE OF INJURY (Mo., Day, Yr.) July 2, 2005		
29b. TIME OF INJURY (24 hr. Clock) [REDACTED]		29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes; <input type="checkbox"/> 2. No		29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) [REDACTED]
29e. LOCATION (Street or rural route number, city or town, county and state) [REDACTED]		29f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 24) [REDACTED]		
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes; <input checked="" type="checkbox"/> 2. No; <input type="checkbox"/> 3. Unknown (If yes, check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify) _____		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White; <input type="checkbox"/> 02. Black or African American; <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe); <input type="checkbox"/> 04. Chinese; <input type="checkbox"/> 05. Japanese; <input type="checkbox"/> 06. Native Hawaiian; <input type="checkbox"/> 07. Filipino; <input type="checkbox"/> 08. Other Asian (Specify) _____; <input type="checkbox"/> 09. Asian Indian; <input type="checkbox"/> 10. Korean; <input type="checkbox"/> 11. Samoan; <input type="checkbox"/> 12. Vietnamese; <input type="checkbox"/> 13. Guamanian or Chamorro; <input type="checkbox"/> 14. Other Pacific Islander (Specify) _____; <input type="checkbox"/> 15. Other (Specify) _____; <input type="checkbox"/> 16. Unknown		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 0. None <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's Degree (e.g., BA, BS) <input checked="" type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEng, MEd, MEdW, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> 9. Unknown
33. REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>		34. DATE FILED (Mo., Day, Yr.) JUL 06 2005		

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUL 06 2005**
 County: **Washington**
 Registrar: *Barry E. Nangle*
 Barry E. Nangle
 DIRECTOR OF VITAL RECORDS



LL01707053

* 0 1 7 0 7 0 5 3 *

