DOC # 0133655

04/14/2009

10 - 29 AM

Official Record

Recording requested By JOYCE PHILLIPS

Lincoln County – NV Leslie Boucher – Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: LB

Book- 248 Page- 0146

A.P.N. 11-120-05
R.P.T.T. \$0.00
Escrow No.
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:

Joyce L. Phillips HC 61 Box 55 Hiko, NV 89017

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Signature Phillips

Title

A.P.N.

11-120-05 & 11-120-09

R.P.T.T.

\$0.00

Escrow No.

Recording Requested By:

Joyce L. Phillips

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Joyce L. Phillips HC 61 Box 55 Hiko, NV 89017

AFFIDAVIT DEATH OF JOINT TENANT

JOYCE L. PHILLIPS, of legal age, being first duly sworn, deposes and says: That JOSEPH David PHILLIPS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH D. PHILLIPS named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 6, 1996 executed by JAMES L. McKEE and AMY McKEE to JOSEPH D. PHILLIPS and JOYCE L. PHILLIPS as joint tenants, recorded as Instrument No. 105308, on June 11, 1996 in Book 119, page 167 of Official Records of, Nevada, covering the following described property situated in County, State of Nevada and that certain Grant, Bargain, Sale Deed dated May 21, 1996 executed by SiDNEY DELANEY PICKARD and JOAN PICKARD to JOSEPH D. PHILLIPS and JOYCE L. PHILLIPS as joint tenants, recorded as Instrument No. 105842, on August 30, 1996 in Book 120, page 503 of Official Records of, Nevada, covering the following described property situated in County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: April 6, 2009

JOYCE L PHILIPS

State of Novada

County of: Lincoln

This instrument was acknowledged before me on April 13.2009

By JOYCE L. PHILLIPS

3 mmas

Signature: <u>∠</u>

Notary Public

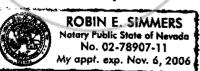


Exhibit A

Situate in the Northeast Quarter (NE 1/4) of Section 1, Township 6 South, Range 60 East, M.D.B. & M., described as follows:

Lots Ten (10) and Seventeen (17) of the ASH SPRINGS SUBDIVISION, as shown on the Subdivision Map thereof recorded June 5, 1967 in the Office of the County Recorder of Lincoln County, Nevada in Book "A" of Plats, page 74 as File No. 45095, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2008-2009:

11-120-05 (PTN)

11-120-09 (PTN)



Page: 4 of 4 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - VITAL STATISTICS

	CERTIFICATE OF DEATH 1a. DECEASED-NAME (FIRST,MIDDEE,LAST,SUFFIX) Joseph David PHILLIPS						200900994 STATE FILE NUMBER 2. DATE OF DEATH (Mo/Day/Year) January 25, 2009 Clark					
ERMANENT												
	35 CITY TOWN, OR LOCATION OF DEATH 30. HOSPITAL C				Healthsouth Hospital at Tenaya				Inpatient		4 SEX Male	
	5 RACE White (Specify)		N	Hispanic Origi Io - Non-Hisp	anic birt	AGE-Last hday (Years) 68	MOS	ER 1 YEAR 7c UNDE DAYS HOURS	MINS C	ctober 19	9, 1940	
COURRED IN ISTITUTION HANDBOOK EGARDING WPLETION OF	9a. STATE OF BIRTH name country) Ariz	United	TIZEN OF WHAT COUNTRY 10 EDUCATION 11. MA United States 14 DIVOR USUAL OCCUPATION (Give Kind of Work Done Durin			CED (Specify) Married males nathyce Louella M						
	13. SOCIAL SECURITY NUMBER 14a USU Working 1 15a. RESIDENCE - STATE 15b. COUNTY			is, Even if Retired Heavy Equipment Operator 15c. CITY, TOWN OR LOCATION 15d. ST			STREET	Federal Government Forces? Yes TREET AND NUMBER 156, INSIGE CITY LIMITS (Specify Yes				
PARENTS	Nevada 15 FATHER - NAME (First Middle Las	Lincoln st Suffix) PHILLIPS		Hiko		Park Stre	eet First Middle Last Si Del		or No)	Yes	
	18a INFORMANT- NAME (Type or Print) Joyce PHILLIPS				18b. MAILING ADDRESS (Street of R.F.D. No, City or Town, State, Zip) HC 61 Box 55 Hiko, Nevada 89017							
POSITION	19a. BURIAL, CREMA 20a. FUNERAL DIREC	Cremation TOR - SIGNATUI	€ (Or Person Ac	Ž		Crematory 20c. NA	MÉ AND /	ADDRESS OF FACILIT	CATION City of Las Vegas N ry uary-Downtow	levada 89)101	
	TRADE CALL - NAME		RTON UTHENTICATI	!D	50	SE .	1	325 North Main Stre			19. 7/2	
	A 21a. To the bes	t of my knowledge e(s) stated. (Sign VII SNED (Mo/Day/Yr	ature & Title} SI	GNATURE A	TH	the time,	date and p	f examination and/or li place and due to the ca D (Mo/Day/Yr)	nvesligation, in my ause(s) stated. (Sig 22c. HOUR C	nature & Titi	lh occurred a	
ÉGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN (CType or Print) 238 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTEND				TIFIER	68		ED DEAD (Mo/Day/Yr)				
	24s REGISTRAR /Sic	VIRE	NINETTE P	ARRING	roke Ranch Las	vegas, NV b. DATE RECEIV	ED BY RE	The state of the s	DEATH DUE TO C	883 OMMUNICA NO		
AUSE OF	25 IMMEDIATE CAU				ED IE FOR (a), (b), AND			1			nset and dea	
NOTIONS IF Ny WHICH	ove (b) En	TO, OR AS A CO d-stage rei	nal disease								nset and dea	
VE RISE TO IMEDIATE CAUSE -> ATING THE IDERLYING	(c)	TO, OR AS A CO				//				시작 첫	nset and dea	
	(d) PART II				Day Four or Minds	Table necessits	E HOW IN I	URY OCCURRED	26. AUTOPSY (Specify Yes or No No		CASE REFERI NER (Specify Ye	
	286-ACC., SUICIDE, HO OR PENDING INVEST. (8 28e. INJURY AT WO Yes or No)	Specify)	PLACE OF INJURY (M PLACE OF INJUR ing, etc. (Specify)	Y- At home, far	286: HOUR OF INJURY			STREET GR.R.F.D.	No CITY GR	DIVIN	STATI	
	\			7	STATE I	REGISTRAR				<u> </u>		

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS. Rev. 20081 STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440375.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT



Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By: