

Official Record

Recording requested By DONALD K. PHILLIPS

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: LB Book- 288 Page- 0253



After recording please return to: Name: Donald K. Phillips Address: P.O. Box 354 City, State, Zip: Caliente, NV 89008 Phone: 775 726 3387 Assessor's Parcel Number: 3-084-07

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA))ss COUNTY OF LINCOLN)

Donald K. Phillips, being first duly sworn, deposes and states:

- 1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein. 2. I am Donald K. Phillips, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on August 18, 2000, as Document No. 115090, in Book 150, Pages 266-67, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada. 3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 310 Main Street, Caliente, described as follows:

Block 16 Lots 1 + 2.



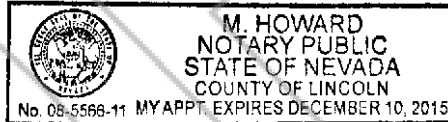
- 4. Dorothy R. Phillips ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my wife.
- 6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in me, Donald K. Phillips, as sole owner.

DATED this 10th day of July, ~~2011~~ ²⁰¹⁴

Donald K. Phillips
Affiant
Donald K. Phillips

SUBSCRIBED AND SWORN to before me on this 10th day of July, 2014, 2012 by Donald K. Phillips.

M. Howard
Notary Public





DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2008011233
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dorothy Ruth PHILLIPS			2. DATE OF DEATH (Mo/Day/Year) July 16, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 310 Main Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1923
9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Donald PHILLIPS		13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Senior Citizens Director		14b. KIND OF BUSINESS OR INDUSTRY Health & Human Services
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Caliente		15d. STREET AND NUMBER 310 Main Street	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Charles Stuart MILLER			17. MOTHER - NAME (First Middle Last Suffix) Dorothy PHILLIPS			
18a. INFORMANT- NAME (Type or Print) Donald Kay PHILLIPS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 354 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Caliente Veterans Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008			
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD WILLIAM KATSCHKE JR. M.D. 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) July 16, 2008		21c. HOUR OF DEATH 12:42		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008					23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2008	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I					Interval between onset and death	
(a) Cardial Failure					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Cerebrovascular Accident					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) Hypertension					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) Diabetes					Interval between onset and death	
PART II					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	

STATE REGISTRAR

Information Corrected, State Affidavit# 49724, 08/08/2008 - 8

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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.

DATE ISSUED: **AUG 08 2008**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PHNCO-REV 11-06

Rd White
 STATE REGISTRAR

