

Official Record

Recording requested By
INDIA LEE PHILLIPS-HENDERSON

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 297 Page- 0001

APN: 001-240-50

Recording Requested By:

When Recorded Return To:

India Phillips
PO BOX 208
Pioche NV 89043



0147958

AFFIDAVIT DEATH OF JOINT TENANT

INDIA LEE PHILLIPS-HENDERSON, of legal age, being first duly sworn, deposes and says: That JOHN S. HENDERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN S. HENDERSON named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 22, 2013 executed by JOHN S. HENDERSON, to JOHN S. HENDERSON and INDIA LEE PHILLIPS-HENDERSON, husband and wife, as joint tenants recorded May 23, 2013 in Book 278 of Official Records, page 627 as File No. 143202, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

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

Dated: July 13, 2015

India Lee Phillips-Henderson
INDIA LEE PHILLIPS-HENDERSON

State of NEVADA }

County: of LINCOLN }

This instrument was acknowledged before me on July 13, 2015

By India Lee Phillips-Henderson

Signature: Don Rita Rice
Notary Public



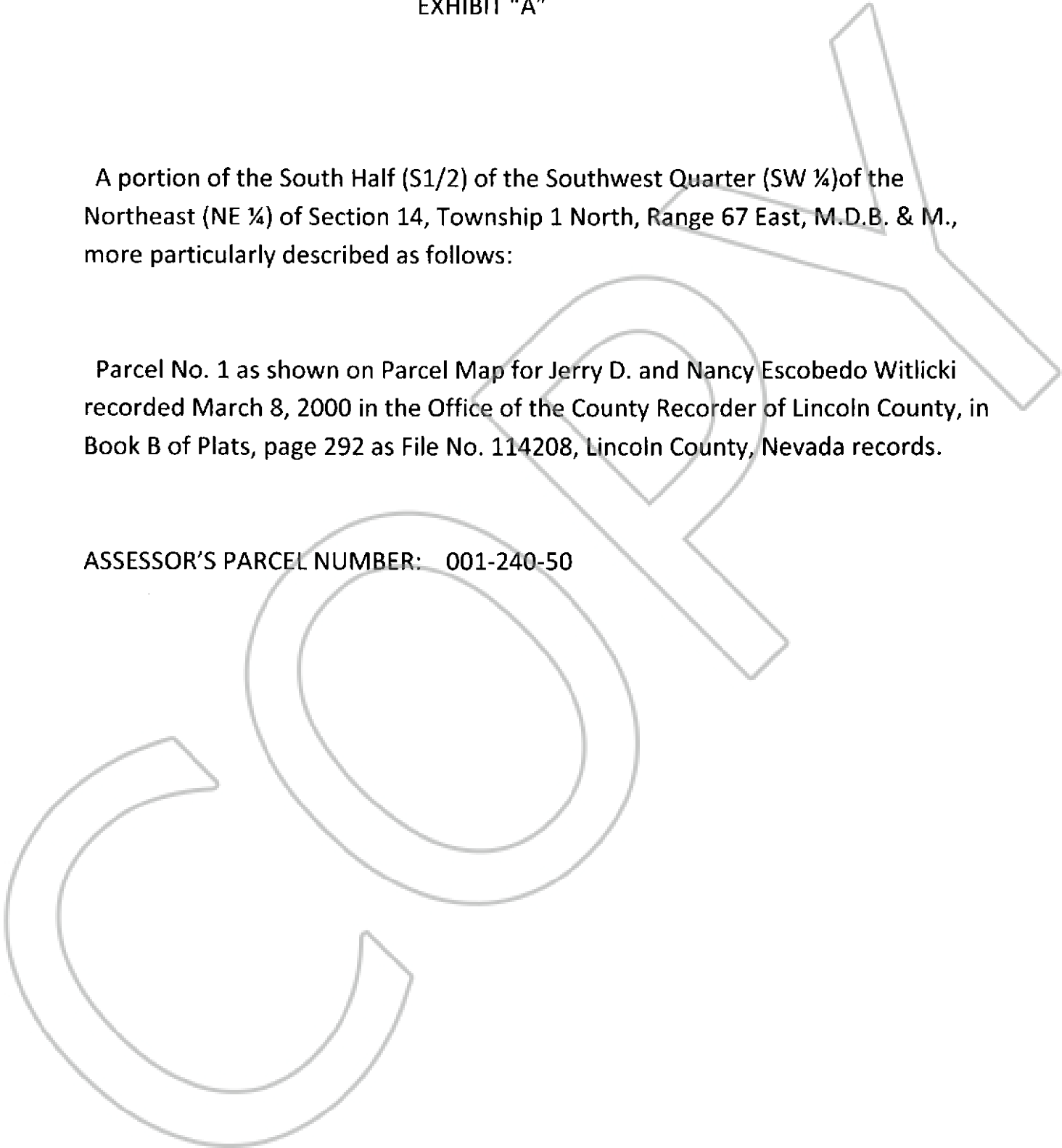


EXHIBIT "A"

A portion of the South Half (S1/2) of the Southwest Quarter (SW ¼) of the Northeast (NE ¼) of Section 14, Township 1 North, Range 67 East, M.D.B. & M., more particularly described as follows:

Parcel No. 1 as shown on Parcel Map for Jerry D. and Nancy Escobedo Witlicki recorded March 8, 2000 in the Office of the County Recorder of Lincoln County, in Book B of Plats, page 292 as File No. 114208, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER: 001-240-50





0147958

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STATE OF NEVADA
DIVISION OF VITAL RECORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014022143
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) John S HENDERSON		2. DATE OF DEATH (Mo/Day/Year) December 30, 2014		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 629 Iron Mustang Road Inpatient(Specify) Home		3e. If Hosp. or Inst. indicate DOA,OP/Enter. Rm. Male	
4. SEX		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 27, 1951		9a. STATE OF BIRTH (If not U.S.A.) Virginia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) India Lee MIX	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Own Business	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 629 Iron Mustang Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Frederick HENDERSON JR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn BUFFINGTON		
18a. INFORMANT - NAME (Type or Print) Jamy De RAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11705 West Giants Drive Boise, Idaho 83709			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Callenta 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) CHASE D DIRKS 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) CHASE D DIRKS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) January 15, 2015		21c. HOUR OF DEATH 09:57		22b. DATE SIGNED (Mo/Day/Yr) January 15, 2015	
22c. HOUR OF DEATH 09:57		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 30, 2014		22e. PRONOUNCED DEAD AT (Hour) 09:57	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D DIRKS 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER 40	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2015		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					
(a) Cardiac Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Myocardial Infarction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Unknown Etiology Interval between onset and death					
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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

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:

1/16/2015

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

R. Shore
STATE REGISTRAR
SIGNATURE AUTHENTICATED

NVRS-Rev-20120523a

