

LINCOLN COUNTY, NV

2018-155341

\$35.00

Rec:\$35.00

10/23/2018 11:01 AM

BARNEY MCKENNA & OLMSTEAD, P.C.

Pgs=3 AE

OFFICIAL RECORD

LESLIE BOUCHER, RECORDER

WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq.  
BARNEY MCKENNA & OLMSTEAD, P.C.  
P. O. Box 2910  
St. George, UT 84771-2710

MAIL TAX NOTICE TO:

India Lee Phillips-Henderson  
P.O. Box 208  
Pioche, Nevada 89043

A.P.N. 001-065-24, 001-240-50

AFFIDAVIT OF SURVIVING JOINT TENANT  
RE: DEATH OF JOINT TENANT

STATE OF NEVADA )  
 )ss.  
COUNTY OF CLARK )

India Lee Phillips-Henderson, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That John S. Henderson the decedent mentioned in the attached certified copy of Certificate of Death, who died December 30, 2014, is the same person as John S. Henderson, named as one of the parties in the Grant, Bargain, Sale Deed recorded on May 23, 2013 as document number 0143203, executed by John S. Henderson, to John S. Henderson and India Lee Phillips-Henderson, as husband and wife as joint tenants, and as named as one of the parties in the Grant, Bargain, Sale Deed recorded on May 23, 2013 as document number 0143202, executed by John S. Henderson, to John S. Henderson and India Lee Phillips-Henderson, as husband and wife as joint tenants, covering the following described properties situated in the County of Lincoln, State of Nevada:

SEE EXHIBIT "A" LEGAL DESCRIPTION ATTACHED

Dated: October 9, 2018

*India Lee Phillips-Henderson*  
INDIA LEE PHILLIPS-HENDERSON,  
Affiant

Subscribed and sworn to (or affirmed) before me on October 9, 2018, by India Lee Phillips-Henderson.

*Alisa J. Steinhauer*  
Signature of notarial officer

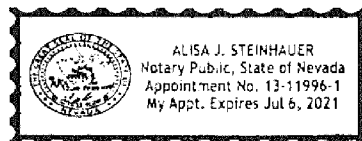


EXHIBIT "A" LEGAL DESCRIPTION

APN: 001-240-50

A portion of the South Half (S ½) of the Southwest Quarter (SW ¼) of the Northeast Quarter (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.

APN: 001-065-24

Lots 7 and 8 in Block 5 of the Town of Pioche, Nevada, as shown on Supplement "B" to the Pioche Mines Consolidated, Inc. Addition to the Official Map of said Town of Pioche, recorded April 7, 1937 in Book A-1 of Plats, page 53, Lincoln County, Nevada Records.

STATE OF NEVADA

CERTIFICATION 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 an 629 Iron Mustang Road		3e. If Hosp. or Inst. indicate DO, OP/Emer. Rm. Inpatient(Specify): Home	
4. SEX Male		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 [REDACTED]		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 Caliente NV 89008	
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					
21b. DATE SIGNED (Mo/Day/Yr) January 15, 2015		21c. HOUR OF DEATH 09:57		22a. PRONOUNCED DEAD (Mo/Day/Yr) December 30, 2014	
22b. DATE SIGNED (Mo/Day/Yr) January 15, 2015		22c. HOUR OF DEATH 09:57		22d. PRONOUNCED DEAD AT (Hour) 09:57	
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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3099335



561799

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.

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

