

LINCOLN COUNTY, NV

2021-161031

\$37.00

08/24/2021 01:45 PM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY 4 KC

OFFICIAL RECORD

AMY ELMER, RECORDER

**RECORDING REQUESTED BY**

First American Title Insurance  
Company of Nevada

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

Channon M. Taylor, Successor  
Trustee  
629 Iron Mustang Road  
Pioche, NV 89043

Space Above This Line for  
Recorder's Use Only

A.P.N. 001-240-50

File No.: 119-2631304 (SC)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Clark )ss.  
)

**Channon M. Taylor** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **India Lee Phillips-Henderson** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 11-13-2018 at Las Vegas, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 9, 2018** executed by **India Lee Phillips-Henderson** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **October 09, 2018** which was recorded as Instrument No. **158624** in Book **2020**, Page **N/A**, 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**

4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: August 18, 2021

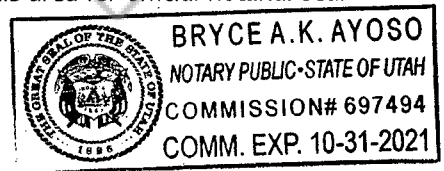
DECLARANT:  
x Channon M. Taylor, Successor Trustee  
Channon M. Taylor, Successor Trustee

State of Utah )  
County of Utah )ss )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Utah and State Utah, this 18<sup>th</sup> day of August, 2021 by Channon M. Taylor, Successor Trustee, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.. of the Phillips-Henderson Family Trust

WITNESS my hand and official seal.  
Signature [Handwritten Signature]  
My Commission Expires: 10/31/21

This area for official notarial seal

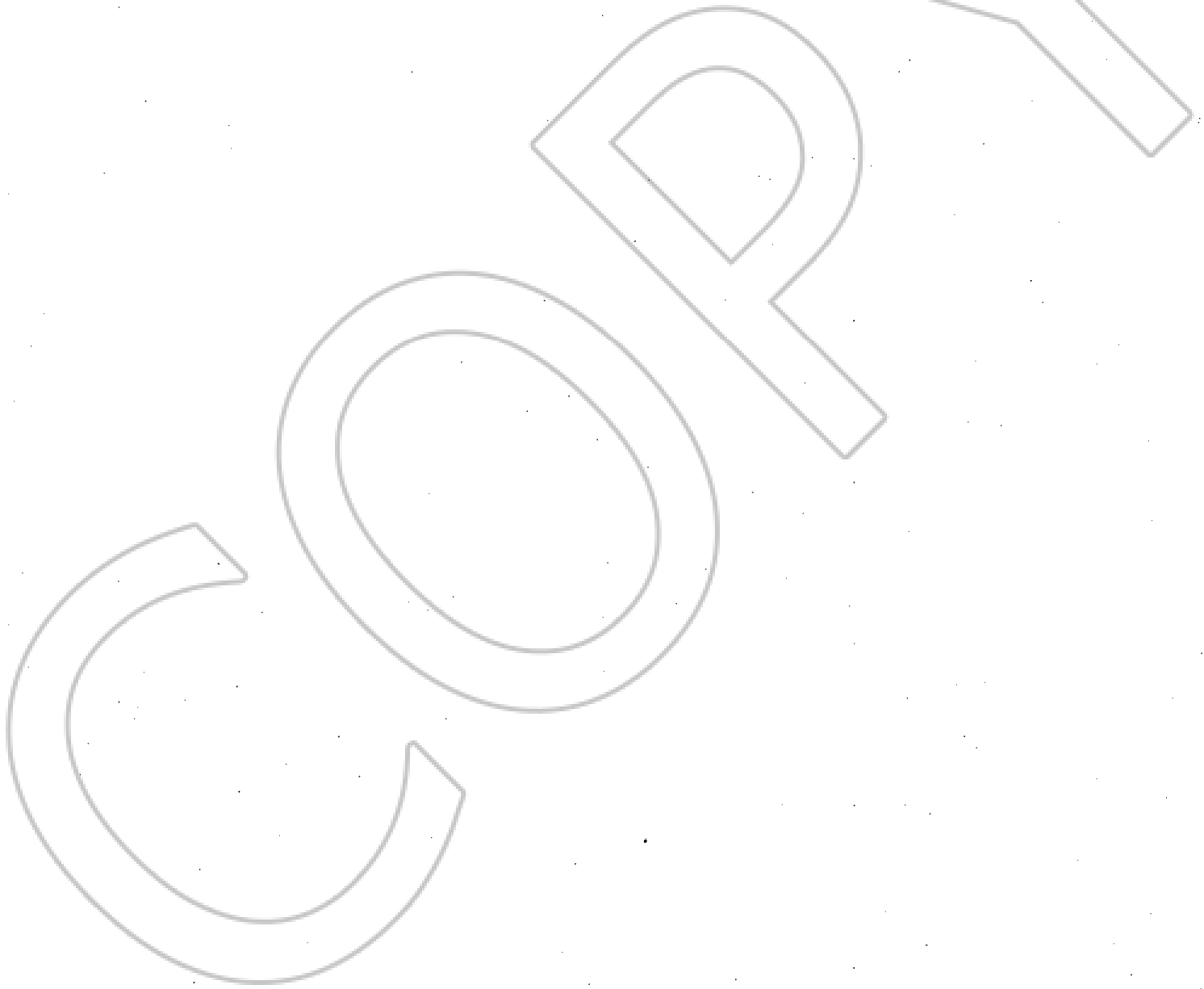


Notary Name: Bryce Ayoso Notary Phone: 801-244-5670  
Notary Registration Number: 697494 County of Principal Place of Business: Lehi, Utah

**EXHIBIT 'A'**

**A PORTION OF THE SOUTH HALF (S 1/2) OF THE SOUTHWEST QUARTER (SW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) 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 08, 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.**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

CASE FILE NO. 4050932

2018022034  
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) <b>India L PHILLIPS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 13, 2018</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient(Specify)) <b>University Medical Center Inpatient</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>55</b>	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	7c. UNDER 1 DAY
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Widowed</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>	15c. CITY, TOWN OR LOCATION <b>Pioche</b>	15d. STREET AND NUMBER <b>317 Main Street</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Thomas D MIX</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Emily MCCLAIN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Tiffany L BONNELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>4008 San Mateo Street North Las Vegas, Nevada 89032</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MARIELLE J LANDRY</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD886</b>	20c. NAME AND ADDRESS OF FACILITY <b>Affordable Cremation and Burial Services</b> <b>2127 W Charleston Blvd Las Vegas NV 89102</b>		
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) <b>RICHARD ONTENGCO MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>November 19, 2018</b>		21c. HOUR OF DEATH <b>15:25</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Richard Ontengco MD 1800 W Charleston Blvd Las Vegas, NV 89102</b>					23b. LICENSE NUMBER <b>12428</b>
24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 20, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
PART I (a) <b>End Stage Liver Disease</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <b>Hepatic Encephalopathy</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) <b>Cirrhosis Due To Alcohol</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) <b>No</b>
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
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

LOCAL REGISTRAR

VR6-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **NOV 26 2018**

Registrar of Vital Statistics

By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

