

LINCOLN COUNTY, NV

2022-161864

\$37.00

01/18/2022 02:16 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
317 Main Street
Pioche, NV 89043

Space Above This Line for
Recorder's Use Only

A.P.N. 001-065-24

File No.: 119-2642053 (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 AKA India L. Phillips** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 13, 2018** at **Las Vegas, NV** (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 9, 2018** which was recorded as Instrument No. **155342** in Book **2018**, Page , 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

CMT
12/11/2021

DECLARANT:

Channon M. Taylor, Trustee
Channon M. Taylor, Successor Trustee

State of UT)
County of Salt Lake)^{SS}

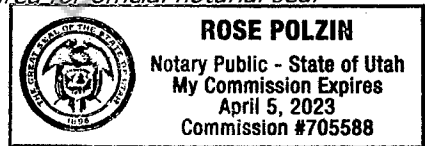
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Salt Lake and State Utah, this 11th day of December, 2021 by Channon M. Taylor, Successor, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

Trustee of the Phillips-Henderson Family Trust.

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Rose Polzin*
My Commission Expires: 4/5/2023



Notary Name: Rose Polzin Notary Phone: 801-254-8292
Notary Registration Number: 705588 County of Principal Place of Business Salt Lake.

EXHIBIT 'A'

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.

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4050932

CERTIFICATE OF DEATH

2018022034
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) India L PHILLIPS		2. DATE OF DEATH (Mo/Day/Year) November 13, 2018		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) University Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 55	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Escrow Office		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d. STREET AND NUMBER 317 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas D MIX		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emily MCCLAIN			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Tiffany L BONNELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4008 San Mateo Street North Las Vegas, Nevada 89032			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MARIELLE J LANDRY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD886		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2127 W Charleston Blvd Las Vegas NV 89102	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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 ONGTENGCO MD 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) November 19, 2018		21c. HOUR OF DEATH 15:25		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Richard Ongtengco MD 1800 W Charleston Blvd Las Vegas, NV 89102			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 12428		24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 20, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
LOCAL REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No			
	PART I		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) End Stage Liver Disease		Interval between onset and death			
	(b) Hepatic Encephalopathy		Interval between onset and death			
LOCAL REGISTRAR	(c) Cirrhosis Due To Alcohol		Interval between onset and death			
	(d) DUE TO, OR AS A CONSEQUENCE OF:		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.		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

VRS-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

