LINCOLN COUNTY, NV

\$37.00

2022-163494

Rec:\$37.00

11/29/2022 02:13 PM

BARNEY MCKENNA & OLMSTEAD, P.C.

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OFFICIAL RECORD

AMY ELMER, RECORDER

WHEN RECORDED MAIL TO:

Daren R. Barncy, Esq. Barney McKenna & Olmstead, P.C. P. O. Box 2710 St. George, UT 84771-2710

MAIL TAX STATEMENTS TO:

Joyce A. Phillips 1043 Graham Manor Washington, UT 84780

APN: 002-152-22; 002-204-01; 012-170-40

AFFIDAVIT OF SURVIVING TRUSTEE DEATH OF TRUSTEE

STATE OF UTAH	_)
)ss
COUNTY OF WASHINGTON)

Joyce A. Phillips a/k/a Joyce Phillips, Surviving Trustee of Phillips Family Trust dated the 23rd day of January, 1993, of legal age, being first duly sworn, declares as follows:

That Willard Reese Phillips the decedent mentioned in the attached certified copy of Certificate of Death, who died July 2, 2005, is the same person as Willard Phillips a/k/a Willard R. Phillips, Trustee of Phillips Family Trust dated the 23rd day of January, 1993, named as an owner of the following described properties situated in the County of Lincoln, State of Nevada:

See Attached Exhibit "A" - Legal Description

SUBJECT TO covenants, conditions, reservations, rights, rights of way, easements and encumbrances now of record.

TOGETHER with all tenements, hereditaments and appurtenances thereto belonging or appertaining.

Affiant is the Surviving Trustee of Phillips Family Trust dated the 23rd day of January, 1993, and as such has full authority to act as sole Trustee in all respects. Affiant is now the sole acting Trustee of the trust.

JOYCE A. PHILLIPS, Trustee

SUBSCRIBED AND SWORN to before me this 28th day of November, 2022, by Joyce A. Phillips, Surviving Trustee of Phillips Family Trust dated the 23rd day of January,

NO MRY PUBLIC

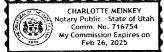


EXHIBIT "A" - LEGAL DESCRIPTION

APN 002-152-22:

A portion of Lot 2, Block 35, in the NW ¼ of Section 9, T.2S., R.68E., M.D.M., as depicted on the Merger and Resubdivision recorded on May 3, 2004, as File Number 122218, Plat Book C, Page 38, on file and of record in the Office of the County Recorder of Lincoln County, State of Nevada, containing 61,088 Square Feet.

APN 002-204-01:

Lot one (1) block seventy five (75) in the township of Panaca, located at the south west corner of Heaps and First Street. Dimensions: N side 68.5' S side 68.2' W side 73.6' E side 73.4'. About 0.115 of an acre.

APN 012-170-40:

An undivided one half interest in the property described as follows:

Starting at a point 13 rods South from the Northeast quarter of the Northwest quarter of the Southeast quarter of Section 8, running 40 rods South, thence 80 rods West, thence 40 rods North, thence 80 rods East to the point of beginning, together with all improvements thereon, all water and water rights belonging thereto, containing 20 acres of land, more or less. Said land lying and being in the West one-half of the Southeast quarter of Section 8, Township 2 South, Range 68 East, M.D.B. & M., Lincoln County, Nevada. Said land being bounded on the west side of First Street of the Town of Panaca, Lincoln County, Nevada.

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH STATE FILE NUMBER . DECEDENT'S LEGAL NAME (Include AKA) . DATE OF DEATH (Mo., Day, Yr.) 3b. Yayê OF DEATH Willard Reese Phillips Male July 2, 2005 1235 AGE - Last Birthday (Years 69 4. DATE OF BIRTH (Mo., Day, Yr.) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (City & State or Foreign Country)
Months Days Hours Minutes SOCIAL SECURITY NUMBE July 13, 1935 Caliente, Nevada 8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL:

IF DEATH OCCURRED OF THER THAN A HOSPITAL:

IF DEATH OCCURRED OF THER THAN A HOSPITAL:

IF DEATH OCCURRED FROM THE OF THE THAN A HOSPITAL:

IF DEATH OCCURRED FROM THE OF THE THAN A HOSPITAL:

IF DEATH OCCURRED FROM THE OF THE OCCURRED FROM THE OCC 80. NAME OF HOSPITAL NURSING HOME OR OTHER FACILITY (If outside a facility, give 80. COUNTY OF DEATH 8d. CITY, TOWN OR LOCATION OF DEATH DECEDENT DIXIE REGIONAL MEDICAL CENTER Washington St. George 9. WAS DECEDENT EVER IN 10 MARITAL STATUS
THE U.S. ARMED FORCES? 1 1. Never Married

1. Yes 2 No 3. Unik 2 2. Married 11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) 3. Widowed
4. Divorced 5. Married, but separated 6. Unknown Joyce Ann Burton 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work one during most of working life. Do NOT enter retired. 12b. KIND OF BUSINESS OR INDUSTRY 13a. RESIDENCE - STREET AND NUMBER 1043 North Graham Manor U.S. Air Force 135. STATE 13c. COUNTY 13d. CITY, TOWN, COMMUNITY, OR RURAL 3e. ZIP CODE 31. INSIDE CITY LIMITS? 1. Yes 🔲 2. No Utah Washington Washington 84780 14. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last PARENTS Alvin LaVon Phillips Bernice Simkins 6. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Sheila Willingham P.O. Box 623, Panaca, Nevada 89042 Daughter 17. METHOD OF DISPOSITION

18a. DA

15. Enternation

2. Docation

2. Docation

2. Docation

3. Care Care

4. Buria'

6. Removal

18c. LOCATION OF DISPOSITION - City or Town, State 18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place 18a. DATE OF DISPOSITION July 7, 2005 WASHINGTON CITY CEMETERY 19. LICENSEE NUMBER 20. FUNERAL HOME (Name and complete address) Washington, Utah Metcalf Mortuary 4917138 21. SIGNATURE, OF FUNERAL SERVICE LICENSEE 288 West St. George Blvd Michael St. George, Utah 84770 22. CERTIFIER (Check only one) 1. Yes 🚨 2. No It. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the brive, date, and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMENER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the causes(s) and manner as sta LIC. NO. 276570 SIGNATURE & TITLE OF CERTIFIER WO DATE SIGNED DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 6-30-05 23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (item 24) (Type/Print) Gus C. PENDLETON, M.D. 736 S. 900 E., Ste. 203, St. George, UT 84790 24. PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular facilitation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions, if b. any, leading to the cause listed on line a. Enter the UNDERLYNG CAUSE (disease or injury that initiated events resulting in death) LAST d. b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) 25a. WAS AN AUTOPSY | 33b. WERE AUTOPSY FINDINGS AVAILABLE PERFORMED? PRIOR TO COMPLETION OF CAUSE OF DEATH? 1. Yes 2 2. No PART II. Other significant Conditions contributing to death but not resulting in the underlying cause given in Part I 26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: CAUSE OF DEATH 27. MANNER OF DEATH 28. IF FEMALE

1. Not pregnant within past year

2. Pregnant at time of death IF FEMALE X 1. Natural 2. Accident 2. Pregnant at time of death
3. Not pregnant, but pregnant within 42 days of death 2. Was the underlying cause of death 3. Suicide 4. Homicide 5. Could not be 4. Not pregnant, but pregnant 43 days to 1
5. Unknown if pregnant within the past year gnant 43 days to 1 year before death 4. Is unknown in relation to the cause of death. 5. NON USER 9a. DATE OF INJURY (Mo., Day, Yr.) 295. TIME OF INJURY (24 hr. Clock) et, 29e. If motor vehicle accident:

1. Driver 2. Passenge
4. Other 5. Unknown 29c. INJURY AT WORK? 29d. PLACE OF INJURY -At hos factory, office, building, etc. 1. Yes 2 No 29g. DESCRIBE HOW INJURY OCCURRED (enter entered in item 24) resulted in injury, NATURE OF INJURY should be WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box DECEDENT'S EDUCATION (Check the DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) 1. Yes 🔀 2. No 🔲 3. Unite 02. Black or African 2. 9th - 12th grade; no diplom □ns .tananes 3 High School graduate or GED or RACE AND EDUCATION 06. Native Hawaiia 07. Filipino 2. Yes, Cuban 08. Other Asian (Spe 5. Associate degree (e.g., AA, AS) 3. Yes, Puerto Ricas 10. Asian Indian 11. Korean 6. Bachelor's Degree (e.g., BA, AB, BS) 112. Samoan 7. Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 13. Vietnar 16. Unknow 8. Doctorate (e.g., PhD, EdD) or Profession degree (e.g., MD, DDS, DVM, LLB, JD; 8. Unknown UDOH-OVR 15. Other Pacific Islander (S) 4. DATE FILED (Mo., Day, Yr.) REGISTRAR JUL 0 6 7005

STATE OF UTAH — DEPARTMENT OF HEALT

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

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6/6)	Date Issued:
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SHE	County

Registrar C

JUL 0 6 2005

Washington B Haro L. Edward

Barry & Mangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

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