

OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0606 PG-00627 RPTT: 0.00

A.P.N.: 1420-27-801-027
File No: 143-2273026 (NMP)



When Recorded return to, and mail Tax Statements to:
Anne E. Phillips
255 Fillow Street
Norwalk, CT 06850

AFFIDAVIT - TERMINATING JOINT TENANCY

Anne E. Phillips, of legal age, being first duly sworn, deposes and says:

That **Charles Alan Phillips**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Charles Phillips** named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 17, 2002 executed by Ronald E. Lee and Helen M. Lee to **Anne E. Phillips and Charles Phillips** as joint tenants, recorded as Document No. 0542367 on May 16, 2002 in Book 0502, Page 04927 of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**BEING A PORTION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 27,
TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M., MORE PARTICULARLY
DESCRIBED AS FOLLOWS:**

**PARCEL D-2D-3 OF THAT CERTAIN PARCEL MAP NO. 1 FOR ROBERT B. FREDLUND,
RECORDED JULY 22, 1991, IN BOOK 791, PAGE 3363, DOCUMENT NO. 255707,
OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.**


Anne E. Phillips

5/18/06
Date

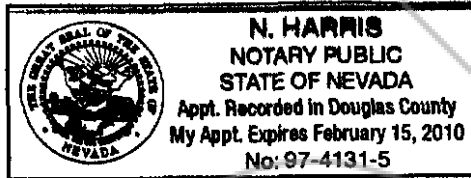
STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
5/18/06 by

Anne E. Phillips

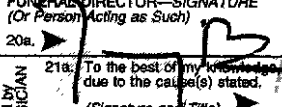

N. Harris

Notary Public
(My commission expires: 2/15/10)



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
		1. Charles Alan PHILLIPS	2. February 7, 2003	3a. Douglas	
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	3b. Minden		3c. 2832 East Valley Road	3a. Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
	5. White	6.	7a. 71	7c. November 24, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	9a. Massachusetts	9b. U.S.A.	10. 20	11. Married	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
	13. 5406	14a. Professor	14b. Community College		
PARENTS	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
	16.		17. Harriet Sweet		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Anne E. Phillips		18b. 2832 East Valley Road, Minden, Nevada 89423		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
	18a. Cremation	19b. Carson Sierra Crematory	19c. Carson City Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. 	20b. 09	20c. Society 1614 N. Curry St. Carson City, NV. 89703			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		
	(Signature and Title)		(Signature and Title)		
	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		
	21b. 2/10/03		22b. 2/10/03		
	HOUR OF DEATH		HOUR OF DEATH		
	21c. 19:50		22c. 19:50		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	21d.	22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
23a. Jorge Perez M.D. 1000 N. Division St. Suite 104 Carson City, NV. 89703		23b. 10108			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) 	24b. February 10, 2003	24c. 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)	ADVANCED MULTIPLE MYELOMA			Interval between onset and death
	(b)	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
	(c)	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 I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26. No	27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			



STATE REGISTRAR

No. 229567

Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

FEB 10 2003

Date Issued:

State Registrar

BK- 0606
 PG- 629
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 06/02/2006