

17-

APN#: 1022-09-001-039

DOC # 0700568  
05/04/2007 01:31 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
GARLENE PHILLIPS

Recording Requested By:  
Western Title Company, Inc.

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0507 PG- 1870 RPTT: 0.00

When Recorded Mail To:  
GARLENE PHILLIPS  
3661 SANDSTONE DRIVE  
WELLINGTON NV 89444



Mail Tax Statements to: (deeds only)  
SAME AS ABOVE

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.  
(Per NRS 239B.030)

Signature *Garlene Phillips*  
GARLENE PHILLIPS OWNER

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

GARLENE PHILLIPS, of legal age, being first duly sworn, deposes and says:

That PERRY D. PHILLIPS ALSO PERRY DALE PHILLIPS JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PERRY DALE PHILLIPS JR named as one of the parties in that certain GRANT BARGIN SALE DEED dated 03/01/1988 executed by JOHN OUTHUYSE AND DARLENE OUTHUYSE to PERRY D. PHILLIPS AND GARLENE PHILLIPS as joint tenants, recorded as instrument No. 173792, on 03/07/1988, in Book 388, Page 725, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of DOUGLAS, State of Nevada:


LOT 129, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDERS OF DOUGLAS COUNTY, NEVADA ON MARCH 31, 1969, IN BOOK 1, OF MAPS, PAGE 221, AS DOCUMENT NO 44091

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Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated May 4 2007

  
GARLENE PHILLIPS  
Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on 5/4/07

by GARLENE PHILLIPS \_\_\_\_\_

[Signature]  
Notary Public



COOPER



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

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

**CERTIFICATE OF DEATH**

2007001645

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

1a. DECEASED-NAME FIRST Perry			1b. MIDDLE Dale			1c. LAST PHILLIPS JR			2. DATE OF DEATH (Mo/Day/Year) April 11, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Topaz Ranch Estates,						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3661 Sandstone Drive						3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify)			4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 68			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) July 06, 1938		
9a. STATE OF BIRTH (if not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Garlene H COFFMAN					
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done, During Most of Working Life, Even if Retired) Equipment Operator						14b. KIND OF BUSINESS OR INDUSTRY Utility Company					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Topaz Ranch Estates			15d. STREET AND NUMBER 3661 Sandstone Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Perry D. PHILLIPS SR									17. MOTHER - NAME (First Middle Last Suffix) Loma L BLOOM								
18a. INFORMANT - NAME (Type or Print) Garlene PHILLIPS									18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3661 Sandstone Drive Topaz Ranch Estates, Nevada 89444								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Wakon's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Wakon's Douglas County Mortuary 1478 4th Street Minden NV 89423								
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) STEPHEN HEWITT DO 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) April 12, 2007			21c. HOUR OF DEATH 14:07			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA									23b. LICENSE NUMBER NV 1107								
24a. REGISTRAR (Signature) JEAN GUNTER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 12, 2007			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) Squamous Cell Cancer Face																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b)																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																	
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								
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											

STATE REGISTRAR

143566 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.

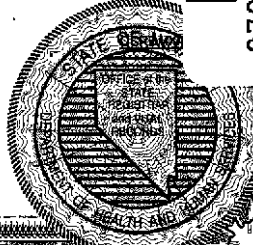
DATE ISSUED: APR 17 2007

*[Signature]*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PBNC0 (Rev) 11/06

102515



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0507  
PG- 1873  
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