

DOC # 790636  
10/06/2011 10:45AM Deputy: GB  
**OFFICIAL RECORD**  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-1011 PG-863 RPTT: 0.00



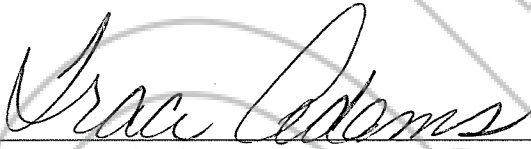
APN#: 1320-32-812-014

**Recording Requested By:**  
Western Title Company, Inc.  
**Escrow No.:** 043296-TEA

**When Recorded Mail To:**  
George Gill  
1657 Voorhees Avenue  
Manhattan Beach, CA 90266

(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   
Traci Adams Escrow Officer

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**Affidavit-Death of Trustee**

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



APN: 1320-32-812-014  
RECORDING REQUESTED BY:  
Western Title Company

AND WHEN RECORDED MAIL TO:

George R. Gill  
1657 Voorhees Avenue  
Manhattan Beach, CA 90266

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF California )  
COUNTY OF Los Angeles ) SS.

George R. Gill, Successor Trustee of legal age, being first duly sworn, deposes and says:

1. Audree B. Phillips is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated November 22, 1999, executed by Audree B. Phillips and Barbara J. Prince, Trustees of the Audree B. Phillips and Barbara J. Prince Revocable Living Trust dated the 22 day of Nov., 1999, as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on February 22, 2000 as Instrument No. 0486579, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 14, in Block A, as set forth on final map for Garden Glen Patio Homes, a Planned Unit Development #2000, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on June 6, 1996, Book 696, Page 789, as Document No. 389450.

Commonly known as: 1477 Garden Glen Court, Gardnerville, NV 89410



3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 9-28-11

Audree B. Phillips and Barbara J. Prince Revocable Living Trust  
Dated the 22 day of Nov., 1999

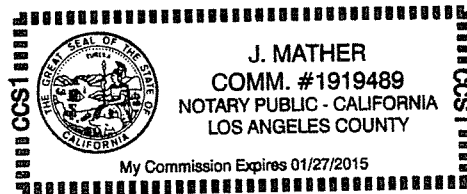
By: George R. Gill TRUSTEE  
George R. Gill, Successor Trustee

STATE OF California,  
COUNTY OF Los Angeles

Subscribed and sworn to (or affirmed) before me on this 28th day  
of September, 2011, by George R. Gill personally known to me or proved to  
me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature J. Mather  
Notary public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2010008865  
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>Audree B PHILLIPS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>June 13, 2010</b>			3a. COUNTY OF DEATH <b>Carson City</b>								
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>			4. SEX <b>Female</b>					
5. RACE <b>White</b> (Specify)			6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>			7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 17, 1923</b>		
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Iowa</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>			11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>			12. SURVIVING SPOUSE OR DOMESTIC PARTNER		
13. SOCIAL SECURITY NUMBER <b>██████████8023</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Pacific Bell Eng. Assist.</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>			Ever in US Armed Forces? <b>No</b>					
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>			15d. STREET AND NUMBER <b>1477 Garden Glen Court</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		
16. FATHER - NAME (First Middle Last Suffix) <b>John Sanford PHILLIPS</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Lora June LAWWRANCE</b>								
18a. INFORMANT- NAME (Type or Print) <b>Louise WHITE</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1612 Curtis Avenue Manhattan Beach, California 90266</b>								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>			19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</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>SIGNATURE AUTHENTICATED</b> <b>VIJAY MAIYA</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>June 15, 2010</b>						21c. HOUR OF DEATH <b>08:35</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
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>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>									23b. LICENSE NUMBER <b>11909</b>					
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 18, 2010</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).)														
PART I										Interval between onset and death				
(a) <b>Cardiopulmonary Arrest</b>														
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(b) <b>Acute Myocardial Infarction</b>														
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c) <b>Acute Stroke</b>														
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(d) <b>Hyperdyslipidemia, Deep Vein Thrombosis</b>														
PART II										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								

STATE REGISTRAR

 BK 1011  
PG-866  
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VRS-Rev-20090602



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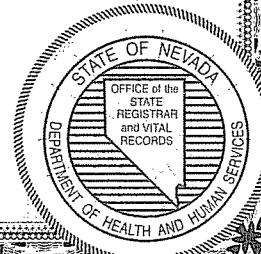
CERTIFIED COPY OF VITAL RECORDS

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: 06/18/2010

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE