



APN# 1220-13-801-008

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2445758RT

AFFIDAVIT-DEATH OF TRUSTEE (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440380
(State specific law)

R. Thompson Recorder
Signature Title
R. Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Jonathan Phillips
1795 Kings Row
Reno, NV 89503

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-13-801-008

File No.: 143-2445758 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Jonathan Phillips ("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. **Sammy V. Phillips** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on March 8, 2006 at Gardnerville, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 13, 1999** executed by **Sammy V. Phillips** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **6-19-03** which was recorded as Instrument No. **0582340** in Book **0703**, Page **01095**, of Official Records of **Douglas** County, Nevada as legally described as follows:

BEING A PORTION OF THE SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M., FURTHER DESCRIBED AS FOLLOWS:

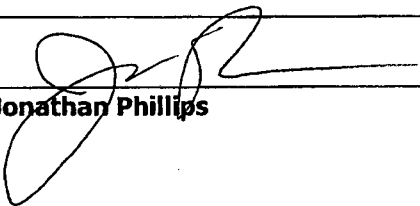
PARCEL 4-B AS SET FORTH IN PARCEL MAP #2 FOR JERRY E. TILLEY FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 13, 1990, IN BOOK 490, PAGE 1902, DOCUMENT NO. 223931, AND AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED JANUARY 31, 1991 IN BOOK 191, PAGE 3825 AS DOCUMENT NO. 243941.



- 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: 4-24-13

DECLARANT:



Jonathan Phillips

State of Nevada)
)ss
 County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada, this 25 day of April, 20 2013 by Jonathan Phillips, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

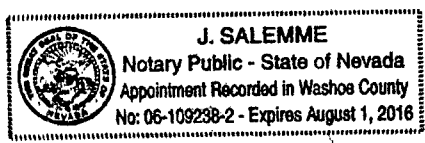
WITNESS my hand and official seal.

This area for official notarial seal

Signature 

My Commission Expires: Aug. 1, 2016

Notary Name: J. Salemmé Notary Phone: 775-823-6200
 Notary Registration Number: 06-109238-2 County of Principal Place of Business Washoe



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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 _____ STATE FILE NUMBER _____

DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH

1. Sammy Verl PHILLIPS 2. March 8, 2006 3a. Douglas

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. Am. Instation (Specify) SEX

3b. Gardnerville 3c. 824 Cayuse 3e. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify yes no If yes, specify Mexican, Cuban, Puerto Rican, etc. AGE—Last Birthday (Years) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.)

5. White 6. 7a. 72 7b. 7c. December 27, 1933

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) SURVIVING SPOUSE (If wife, give maiden name)

9a. Oklahoma 9b. U.S.A. 10. 12 years 11. Widowed 12. _____

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) KIND OF BUSINESS OR INDUSTRY

13. 1241 14a. Maintenance Mechanic 14b. Manufacturing

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

15a. Nevada 15b. Douglas 15c. Gardnerville 15d. 824 Cayuse 15e. yes

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last

16. Frank Phillips 17. Hazel

INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

18a. Cathy Phillips - Daughter 18b. 861 Olive Canyon Drive, Galt, CA 95632

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State

19a. Cremation 19b. FitzHenry's Crematory 19c. Carson City, NV

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such) FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY

20a. [Signature] 20b. 217 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410

21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

[Signature] 21b. 3/14/06 21c. 1120

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

[Signature] 22b. 22c. _____

22d. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

22e. 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., Carson City, NV 89703 23b. 10108

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE

24a. [Signature] 24b. March 15, 2006 24c. YES NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Non-small Cell Lung Cancer

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. 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. 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. _____

No. 335794

STATE REGISTRAR

107705

CERTIFIED COPY OF VITAL RECORDS

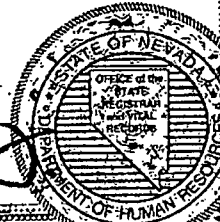
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 15 2006

STATE REGISTRAR

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



BK 413 PG-8193

822590 Page: 4 of 4 04/29/2013