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APN: 1320-29-410-048

> RECORDING REQUEST BY:

JACQUELINE M. McQUIGG, ESQ.

> WHEN RECORDED, MAIL TO:

J. Mitchell Phillips, Trustee

Ann Louise Gonzalez, Trustee

811 Fowler Avenue

Newbury Park, CA 91320

> MAIL TAX STATEMENTS TO:

SAME ADDRESS AS ABOVE



KAREN ELLISON, RECORDER

## CERTIFICATE OF INCUMBENCY

## PHILLIPS TRUST DATED AUGUST 19, 1998

J. Mitchell Phillips and Ann Louise Gonzalez, being first duly sworn, hereby certify and state that

Jack W. Phillips and Margaret Ann Phillips created a revocable living trust entitled the Phillips Trust on August 19, 1998. Jack W. Phillips and Margaret Ann Phillips were the original Trustees of said Trust.

Jack W. Phillips died on March 22, 1999, and an Affidavit of Death of Trustee was recorded in the office of the County Recorder of Douglas County, Nevada, on July 19, 2010.

Margaret Ann Phillips died on December 12, 2014. A certified copy of her death certificate is attached hereto as Exhibit "A" and made a part hereof by reference.

The Phillips Trust Dated August 19, 1998, provides that in the event neither Jack W. Phillips nor Margaret Ann Phillips is able to serve as Trustee, J. Mitchell Phillips and Ann Louise Gonzalez are appointed Co-Trustees of the Phillips Trust.

The property commonly known as 1646 Mono Avenue, Minden, Nevada bearing assessor's parcel number 1320-29-410-048 is an asset of the Trust having been conveyed to the Trust on September 14, 1998,

By quitclaim deed recorded as instrument number 0449293 in Book 0998, Pages 2362-2363 of official records in the office of the County Recorder of Douglas County, Nevada.

Said property is more particularly described as Lots 1, 2 and 3 in Block "D" of the West Addition to the Town of Minden, according to the official plat thereof entitled "Amended Map of the

West Addition to the Town of Minden," filed in the office of the County Recorder of Douglas County, Nevada, on April 5, 1950. J. Mitchell Phillips and Ann Louise Gonzalez agree to serve as Trustees with respect to this property, to accept the duties and responsibilities of such office and to be bound by the terms of the Trust.

1. Mitchell Phillips

Ann Louise Gonzalez

## JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA COUNTY OF VENTURA-

Subscribed and sworn to (or affirmed) before me on this \_, 2015, by J. MITCHELL PHILLIPS and ANN LOUISE GONZALEZ. proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

(SEAL)





## County of Ventura

	3052014231099	CERTIFICATE OF	DEATH	14.00 AM	32014560048	01
44.75	STATE FILE NUMBER	STATE OF CALIFORNIA BLACK INK ONLY / NO ERASURES, WHITE VS-11 (REV 3/D6)	OUTS OR ALTERATIONS		DCAL REGISTRATION NU	2007.0
	MARGARET ANN PHILLIPS					
ONAL DAT	AKA, ALED KNOWN AS - Include (ki) AKA (FIRST, WIDDLE, LAST)	04/	TE OF BIRTH, min/dd/ccyy 09/1922	92		Minutes F
PERS	9. BIRTH STATE/FOREIGN COUNTRY CO	11. EVER IN U.S. ARMED FORCES  YES X NO U	7. 12. MARITAL STATUS/SF NK WIDOWED		TE OF DEATH own/od/ocy	y: 8:HOUR (24Hours)
EDENT	T3: EDUCATION - Highest Linev/Daignes 14/15; WAS DECEDENT HISPANIC/LATINOJAYSPA ASSOCIATE		CALICACIAN		listed (see worksheet britis	o) ************************************
0	17. USUAL OCCUPATION - Type of Work for most of life. DO NOT USE RETIFIED SECRETARY	18 KIND OF BUSINESS O	H INDUSTRY (6'g., grocery, ) UCATION	store, road construction, e	mployment agency, etc.)	19. YEARS IN OCCUPATION
L SCE	20. DECEDENT'S RESIDENCE (Street and number, or location): 811 FOWLER AVENUE	***************************************			7	
USU	NEWBURY PARK ZE. COUNTY/PROVI		320 - 14 34		CA CA	NTRY
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP: ANN. GONZALEZ, DAUGHTER.	81.1 FOW	MAILING ADDRESS (Street LER: AVENUE	NEWBURY	PARK, CA 913	and zip) 320
AND	28. NAMÉ ÓF SURWVING SPOUSE/SROP-FIRST 28. MIDDLE		. C30 LAST BIRTH N	AME)		200 200
E/SRDP INFORM	31. NAME OF FATHER/PARENT-FIRST 32. MIDDLE SAM	W W/	38 LAST TRUCILL	э 💮		CO CO
SPOUS	35 NAME OF MOTHER/PARENT-FIRST 36, MIDDLE ANNA -		37 LAST (BIRTH N	AME) · Ÿ	William W.	38. BIRTH STATE
TOR/	39. DISPOSITION DATE: Immediates   40.PIACE OF FINAL DISPOSITION RES. ANN. GONZALEZ   811 FOWLER AVENUE; NEWBURY: PARK, CA.91320					
AL DIREC	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER  NOT EMBALME	70.			LUCENSE NUMBER
FUNER	NERTUNE SOCIETY	45. LICENSE NUMBER   46. SIG.   FD1359   ▶ RC	NATURE OF LOCAL REGIST	70.	(Company)	PATE mm/dd/ccyy 12/17/2014
PLACE OF DEATH	HEARTLAND HOME BOARD AND CARE	10	IP ER/OP	ONE 103. IF OTHE	R THAN HOSPITAL, SPEC	Decedent's X Other
	TOA COUNTY:		er, or focation)		THOUSANE	OAKS
	107. CAUSE OF DEATH  Enter the chain of ewholish in Sissasses, hytely as card ac arrest, respiratory arrest, or ventricul IMMEDIATE CAUSE:(A) CARDIOPULMONARY FAILUF	iar lon atonwinooi showng the elo c	d death OO NOT enternerne gy DO NOT AUBREVIATE:	ial eventé élich	Time Milerial Between 103 Oriset and Death	DEATH REPORTED TO CORDNER?
	(Final disease or condition resulting hin death)		MIDDLE CERE	EDDA!	MINS	BIOPSY PERFORMED?
	Sequentially, list: Sequentially, list: ARTERY leading to cause	O I ON OF KIGH	MIDDEE CERE	DRAL	DAYS	YES X NO
E OF DE	on Line A Enter 190 HYPERTENSION UNDERLYING CAUSE (disease or injury that installed the overitis (ID)				YRS [	YES X NO
ST S	resulting in death) LAST	ITING IN THE UNDERLYING CALLS	GIVEN IN 107	1 1111111111111111111111111111111111111		YES NO
<i>***</i>	113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESI A T RIAL: FIBRILLATION:  3.13. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107, OR 1122 (II	i sidikak 1976			70 / W	MALE, PREGNANT IN LAST YEAR?
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	12/04/2014 12/12/2014 11 32144 A	ENDING PHYSICIAN'S NAME MAIL GOURA ROAD #21	I8, WEST¦LAKE	EVILLAGE, C	A·91361	100 100 100 100 100 100 100 100 100 100
77. 77.	MULTCERTIEV FAST IN MYCOPWON DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STA MANNER OF DEATH NIGHT Actions THE HOUR, DATE, AND PLACE STA MANNER OF DEATH STATE OF THE PROPERTY	Pending Could	nned YES ::	NO LUNK	121. INJURY DATE mm/dc	Vccyy 122:HOUR (24 Hours)
E ONLY	123 PLACEOF INJURY (e.g., home, construction size wooded area (etc.)		1.000 x 100 1.000 x 100 1.000 x 100 1.000 x 100	**************************************		A. ATTA
· ÆR'S U.	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted (f) (h) (iii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************		
DONER'S USE ONLY	125. LOCATION OF INJURY (Spreet and number, or location, and city, and zip)			male of	**************************************	The second secon
	128. SIGNATURE OF CORONER / DEPUTY CORONER	127/DATE mm/dd/cc	yy	TITLE OF CORONER / D	tininin i	
STA	TE A B		010001002807805		FAX AUTH #	CENSUS TRACT
				*********		

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health.

Department, if it bears the date of issue in red ink.

3 2 / 1 8 / **2**014



1 2 / 1 8 / 2014 HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



