

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

Anderson, Dorn & Rader, Ltd.

ANDERSON, DORN & RADER, LTD.

APN: 1319-34-002-016

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Irvine L. Phillips, Jr., Trustee
PO Box 593
Genoa, NV 89411

AFFIDAVIT OF DEATH OF TRUSTEE


We, IRVINE L. PHILLIPS, JR. and JEFFREY IRVINE PHILLIPS, Trustees of the PHILLIPS LIVING TRUST dated August 12, 1999, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated August 12, 1999, IRVINE L. PHILLIPS, JR. and EVELYN F. PHILLIPS executed the PHILLIPS LIVING TRUST (the "Trust").
- (2) EVELYN F. PHILLIPS deceased on March 3, 2016, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said EVELYN F. PHILLIPS.
- (3) Said trust appointed IRVINE L. PHILLIPS, JR. to serve as sole Trustee upon the death of EVELYN F. PHILLIPS. IRVINE L. PHILLIPS, JR. reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment

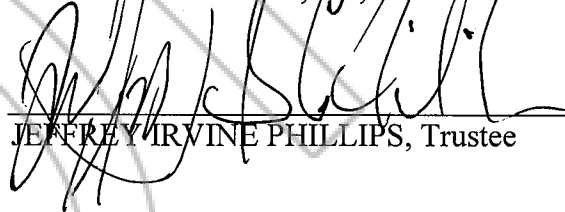
dated June 10, 2016, IRVINE L. PHILLIPS, JR. appointed himself and JEFFREY IRVINE PHILLIPS as Co-Trustees.

- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.
- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees with respect to the Trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to us as Co-Trustees.

Executed in the County of Washoe, State of Nevada, on June 10, 2016.



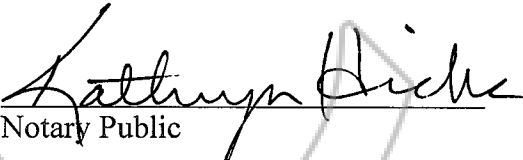
IRVINE/L. PHILLIPS, JR., Trustee



JEFFREY IRVINE PHILLIPS, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on June 10, 2016, by IRVINE L. PHILLIPS, JR. and JEFFREY IRVINE PHILLIPS, Trustees.



Notary Public

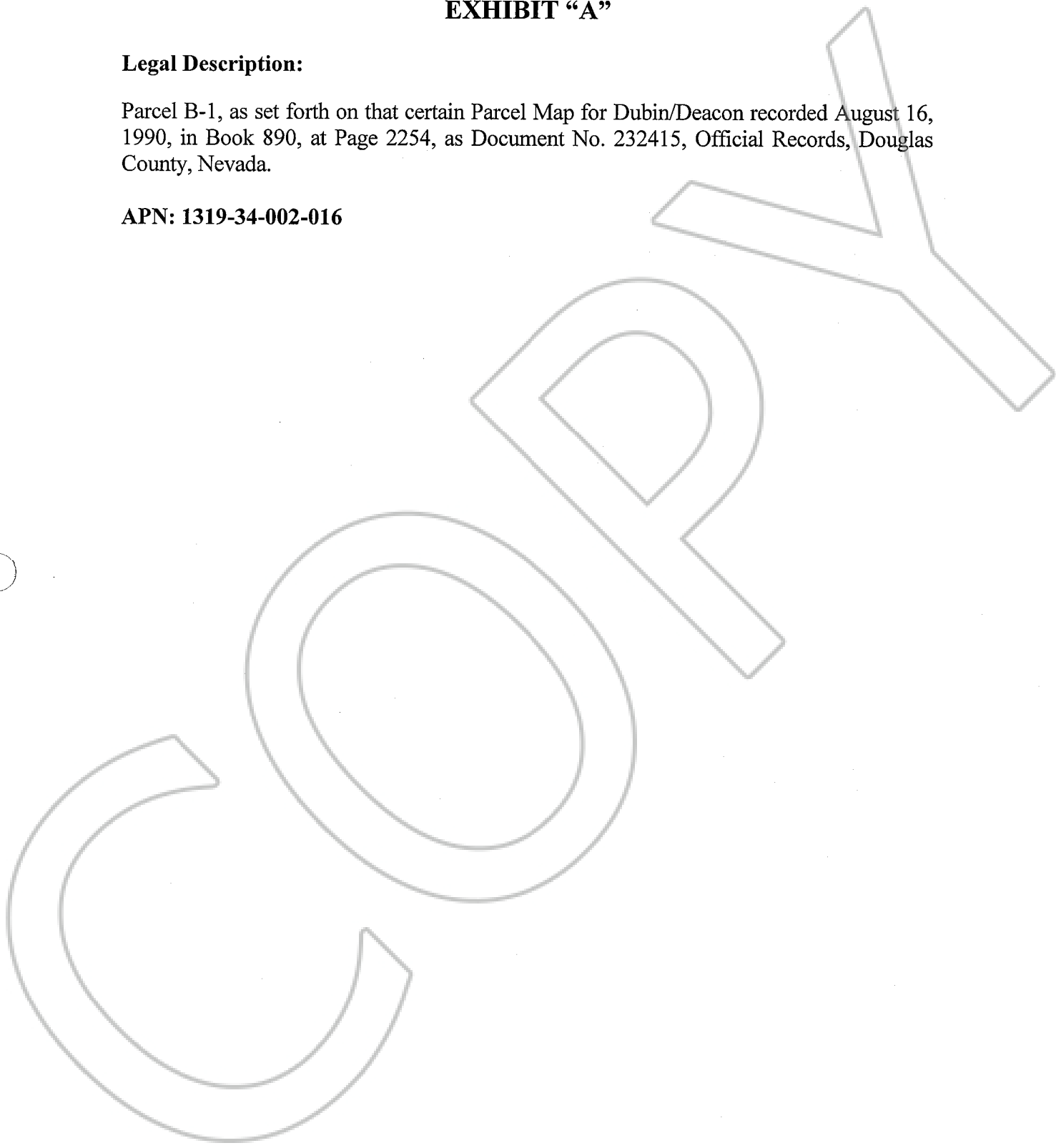


EXHIBIT "A"

Legal Description:

Parcel B-1, as set forth on that certain Parcel Map for Dubin/Deacon recorded August 16, 1990, in Book 890, at Page 2254, as Document No. 232415, Official Records, Douglas County, Nevada.

APN: 1319-34-002-016



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3882664

CERTIFICATE OF DEATH

2016004156
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Evelyn Frances PHILLIPS			2. DATE OF DEATH (Mo/Day/Year) March 03, 2016		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 205 Woody's Place		3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Home		4. SEX Female
DECEDENT	5. RACE White (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1933	
	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY? United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Irvine L PHILLIPS
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3647		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Agriculture		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 205 Woody's Place		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
DEPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur A SHERMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude LEMLEY			
	18a. INFORMANT- NAME (Type or Print) Irvine L PHILLIPS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 593 Genoa, Nevada 89411				
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509			
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JUDITH E ROSSO 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) March 09, 2016	21c. HOUR OF DEATH 15:25	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Judith E Rosso 1520 Virginia Ranch Rd Gardnerville, NV 89410					23b. LICENSE NUMBER DO750	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 10, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
	PART I (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Dementia DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (d)					Minutes Years Years Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes, Hyperlipidemia					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
	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

619810

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:

3/16/2016

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

Cody P. Priney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

