

DOUGLAS COUNTY, NV

2019-930942

Rec:\$35.00

\$35.00 Pgs=3

06/26/2019 09:56 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

ANNETTE S PHILIPS  
1434 DOUGLAS AVE  
GARDNERVILLE, NV 89410-4114

MAIL TAX STATEMENTS TO:  
ANNETTE S PHILIPS  
1434 DOUGLAS AVE  
GARDNERVILLE, NV 89410-4114

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1902945-RLT  
APN No.: 1320-32-815-004

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

Annette S Philips, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Michael W Phillips the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Michael W Phillips named as one of the Grantees in that certain Deed from Federal National Mortgage Association to Michael W Phillips and Annette S Phillips, Husband and Wfe, as joint tenantd recorded as Instrument No. 759578, on March 3, 2010 of Official Records of Douglas County, Nevada, covering the following described property.

**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**

Dated: June 20, 2019

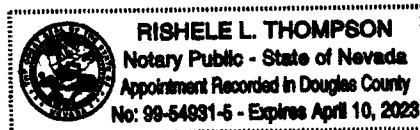
Annette S Philips

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 6/21/19  
by Annette S Philips

NOTARY PUBLIC



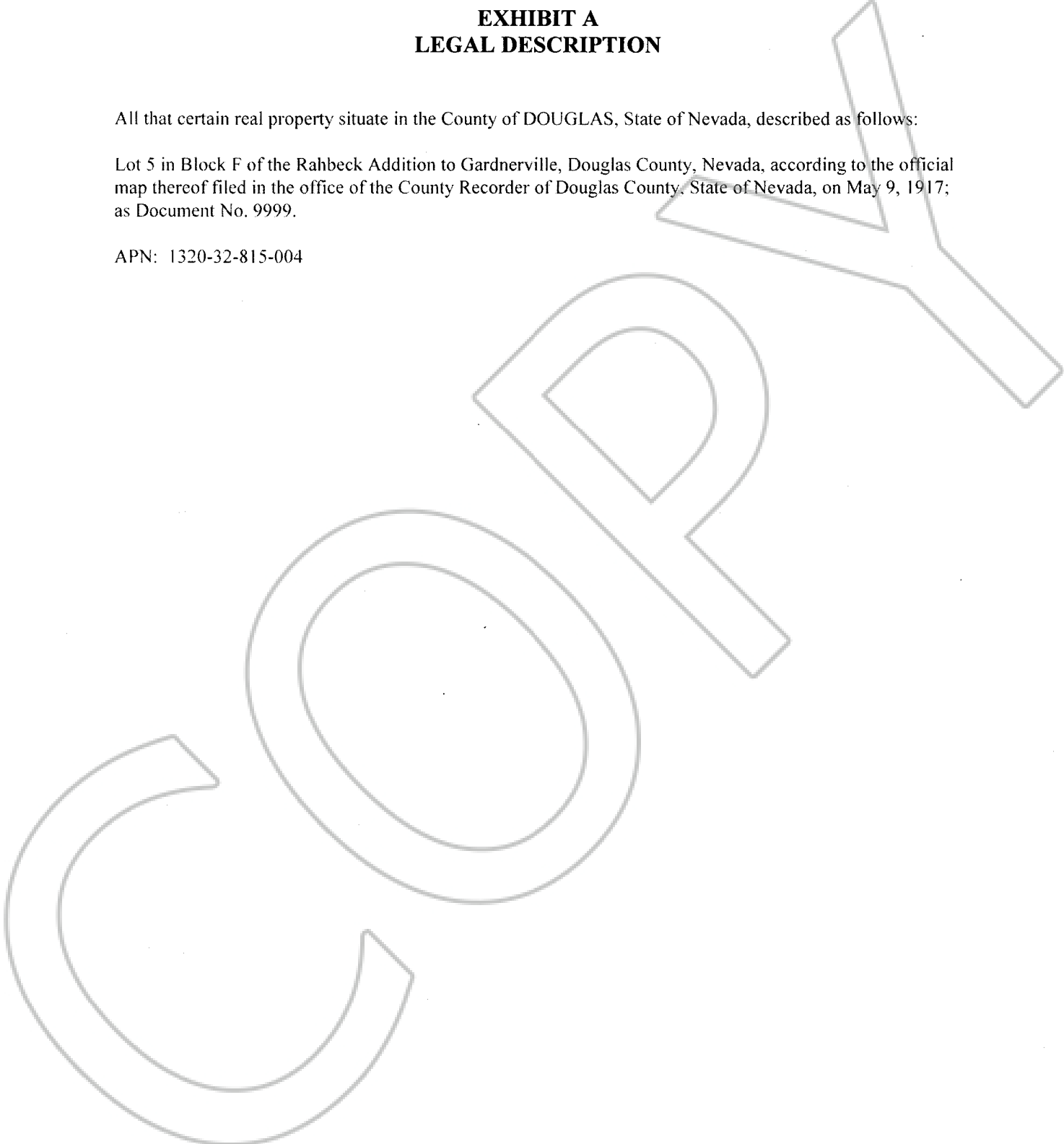
Escrow No.01902945 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

All that certain real property situate in the County of DOUGLAS, State of Nevada, described as follows:

Lot 5 in Block F of the Rahbeck Addition to Gardnerville, Douglas County, Nevada, according to the official map thereof filed in the office of the County Recorder of Douglas County, State of Nevada, on May 9, 1917; as Document No. 9999.

APN: 1320-32-815-004



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

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

CASE FILE NO. 4011379

**CERTIFICATE OF DEATH**

2018006214  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Michael Wayne PHILIPS SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 25, 2018</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 address) <b>Continuicare Hospital of Carson Tahoe, Inc.</b>		3d. If Hosp or Inst. indicate DOA,OP/Enter. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>72</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 18, 1945</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Annette AMANN</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-7831</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1434 Douglas Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William PHILIPS</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Velma GETHING</b>		18a. INFORMANT- NAME (Type or Print) <b>Annette PHILIPS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1434 Douglas Ave Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>JOSE AGUIRRE MD</b> 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) <b>March 29, 2018</b>		21c. HOUR OF DEATH <b>14:50</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>			
CAUSE OF DEATH	23b. LICENSE NUMBER <b>11479</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 30, 2018</b>	
	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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Sepsis</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Encephalopathy, Acute Kidney Injury, Dialysis Dependent, Ventilator Dependent, Coronary Artery Disease, Unknown Etiology	
	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



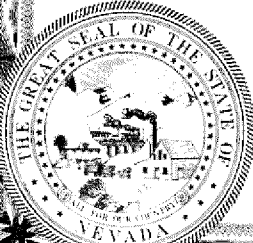
CERTIFIED COPY OF VITAL RECORDS

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 02 2018**

*Julie Katschear*  
STATE REGISTRAR

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



VRS-Rev-20120523a