

APN# 1320-32-815-004

Recording Requested by/Mail to:

Name: Law office of Mark A. Marsh

Address: P.O. Box 3934

City/State/Zip: Carson City, NV 89702

Mail Tax Statements to:

Name: Annette S. Phillips

Address: 1434 Douglas Ave.

City/State/Zip: Gardnerville, NV
89410



00102445201909387110030039

KAREN ELLISON, RECORDER

Affidavit of Death of Joint Tenant

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Mark A. Marsh, Esq.
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

1 A.P.N. #1320-32-815-004

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AFFIDAVIT OF DEATH OF JOINT TENANT

4

5 STATE OF NEVADA)

:SS

6 CARSON CITY)

7

8 I, **ANNETTE S. PHILIPS**, being over the age of 18, of sound mind and body and first duly
9 sworn, deposes and says under penalty of perjury that the following assertions of this Affidavit are
10 true:

11 That **MICHAEL W. PHILIPS**, the decedent mentioned in the attached certified copy of the
12 Certificate of Death, issued by the State of Nevada, is the same person as **MICHAEL W.
13 PHILIPS**, named as one of the parties in that certain Deed of Trust, with a date of May 16, 2013,
14 executed by **MICHAEL W. PHILIPS AND ANNETTE S. PHILIPS**, Husband and Wife, as Joint
15 Tenants, recorded as Document No. 0823890, on May 20, 2013 of the Official Records of
16 DOUGLAS County, Nevada, covering the following described property situated in the County of
17 DOUGLAS, State of Nevada, bounded and described as follows:

18 "Lot 5 in Block F of RAHBECK ADDITION TO GARDNERVILLE,
19 Douglas County, Nevada, according to the official map filed in the
20 Office of the County Recorder of Douglas County, Nevada in May,
21 1917."

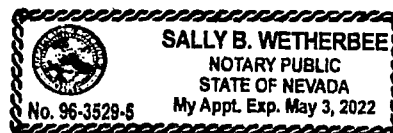
22 Commonly known as 1430 Douglas Avenue, Gardnerville, Nevada
23 89410.

24 DATED this 18 day of Nov., 2019.

25 _____
ANNETTE S. PHILIPS

26 Subscribed and Sworn before me this
27 18th day of November, 2019.

28 Sally B. Wetherbee
NOTARY PUBLIC



When recorded mail to:
ANNETTE S. PHILIPS
1434 Douglas Avenue
Gardnerville, Nevada 89410

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) Michael Wayne PHILIPS SR			2. DATE OF DEATH (Mo/Day/Year) March 25, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4 SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 72	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 18, 1945
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Annette AMANN
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-7831		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY City		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1434 Douglas Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) William PHILIPS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma GETHING			
	18a. INFORMANT - NAME (Type or Print) Annette PHILIPS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1434 Douglas Ave Gardnerville, Nevada 89410			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) JOSE AGUIRE MD 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 29, 2018		21c. HOUR OF DEATH 14:50		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			23b. LICENSE NUMBER 11479			
REGISTRAR	24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2018		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						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(b) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(d) Sepsis DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
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						26. AUTOPSY (Specify Yes or No) No	
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

VRS-Rev-20120523a



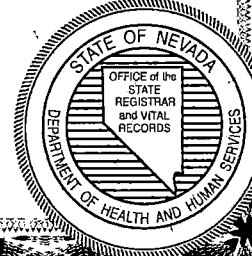
CERTIFIED COPY OF VITAL RECORDS

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 Katchear
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE