

WHEN RECORDED MAIL TO:

Verlie Mae Phillips
56415 Solar Ave
Bend OR, 97707



00131630202109645280030034

KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Same as above

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

APN No.: 1220-16-310-051

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF Douglas

} SS:

Verlie Mae Phillips, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Albert Frank Phillips the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Albert Frank Phillips named as one of the Grantees in that certain Deed from Verlie Mae Phillips and Albert Frank Philips, wife and husband as joint tenants with rights of survivorship to Verlie Mae Phillips and Albert Frank Philips, wife and husband and Debra Lee Dardis, an unmarried woman all as joint tenants recorded as Instrument No. 2017-897262, on 4-14-17 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: March 29, 2021

Verlie Mae Phillips

Verlie Mae Phillips, Surviving Joint Tenant

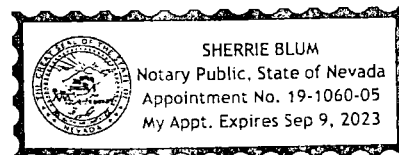
STATE OF NEVADA
COUNTY OF Douglas

} SS:

This instrument was acknowledged before me on March 30, 2021,
by Verlie Mae Phillips

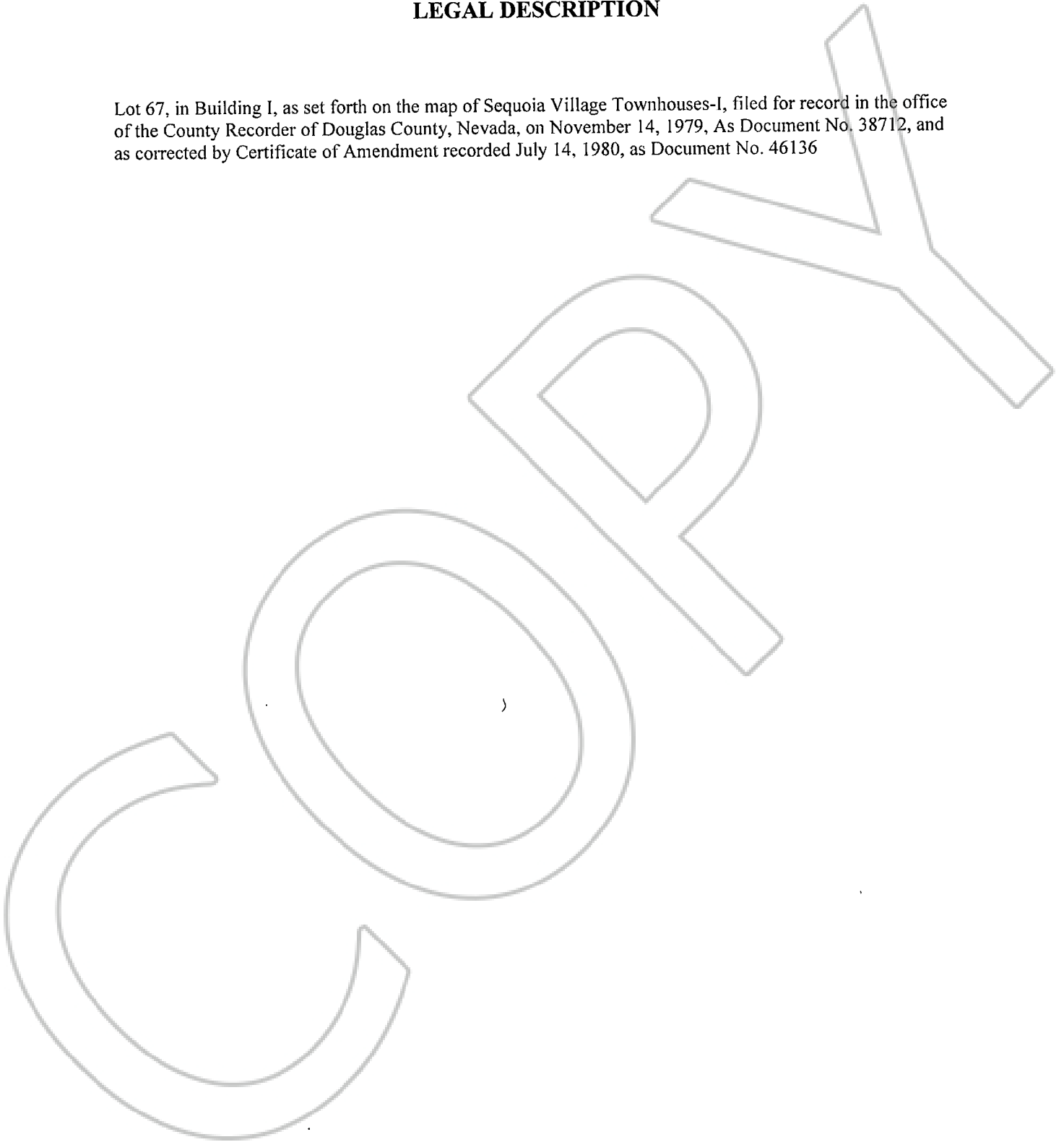
[Signature]

NOTARY PUBLIC



**EXHIBIT A
LEGAL DESCRIPTION**

Lot 67, in Building I, as set forth on the map of Sequoia Village Townhouses-I, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 14, 1979, As Document No. 38712, and as corrected by Certificate of Amendment recorded July 14, 1980, as Document No. 46136



STATE OF OREGON

CERTIFICATION OF VITAL RECORD



840890
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2018-021876
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name			First Albert	Middle Frank	Last Phillips	Suffix	Death Date August 17, 2018
	Sex Male	Age 87 years	Social Security Number [REDACTED]-0231		County of Death Deschutes			
	Birthdate October 10, 1930		Birthplace Emmett, Idaho			Was Decedent Ever in U.S. Armed Forces? Yes		
	Residence: 56415 Solar Drive				City/Town Bend			
	Residence County Deschutes			State or Foreign Country Oregon		Zip Code + 4 97707		Inside City Limits? Yes
	Marital Status at Time of Death Married			Spouse's Name Prior to First Marriage Verlie Mae Hale				
	Father's Name William George Phillips				Mother's Name Prior to First Marriage Margarete Annis Akins			
	Informant's Name Verlie Mae Phillips		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 56415 Solar Drive, Bend, OR 97707			
	Place of Death Nursing Facility			Facility Name Pilot Butte Rehabilitation Center				
	Location of Death 1876 NE Hwy 20			City/Town or Location of Death Bend		State Oregon	Zip Code + 4 97701	
	Method of Disposition Cremation		Place of Disposition Autumn Crematory			Location (City/Town and State) Bend, Oregon		
	Name and Complete Address of Funeral Facility Autumn Funerals, Bend 61555 Parrell Rd, Bend, Oregon 97702							
	Date of Disposition TBD		Funeral Director's Signature <i>Cynthia L. Larson</i>			Electronically Signed	OR License Number FS-0389	
	Registrar's Signature <i>Jennifer A. Woodward</i>			Date Received August 21, 2018		Local File Number 2808		
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 0900	
	CAUSE OF DEATH						Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ a. Multiple cervical vertebral fractures and spinal stenosis						19 days	
	Due to (or as a consequence of) ↓ b. Multiple falls from standing resulting in several spinal fractures						19 days	
	Due to (or as a consequence of) ↓ c. Multiple chronic organ diseases						Years	
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death Chronic kidney insufficiency, COPD, coronary artery disease, diabetes mellitus, GI bleeding, bradycardia, sleep apnea, hypertension and hyperlipidemia							
	Manner of Death Accident		If Female Not Applicable			Did tobacco use contribute to death? No		
	Date of Injury July 29, 2018		Time of Injury Unknown	Place of Injury Home			Injury at Work? No	
	Location of Injury 56415 Solar Drive, Sunriver, Oregon 97707							
	Describe how injury occurred Decedent fell several times starting 07/29/2018 and sustained multiple spinal and rib fractures which led to his death						If transportation injury, specify.	
	Name and Address of Certifier Jana M VanAmburg 2239 NE Doctors Drive #110, Bend, Oregon 97701							
	Name and Title of Attending Physician if Other than Certifier						Date Signed August 20, 2018	
	Medical Certifier <i>Jana M VanAmburg</i>			Electronically Signed		Title of Certifier M.D., M.E.	License Number MD23515	
	Amendment							

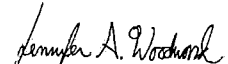

 20180824019

45-2CC (01/06)



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.
August 23, 2018

DATE ISSUED: _____


 JENNIFER A. WOODWARD, Ph.D.
 STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE