

When Recorded Return/
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P.O. Box 211118
Crescent Valley, NV 89821

APN: 002-033-18

BOOK 405 PAGE 99-101
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stewart Little Co
2005 FEB -3 AM 9:18

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16⁰⁰

195602

04203141

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :SS
COUNTY OF ELKO)

EUGENE T. PHILLIPS being first duly sworn, deposes and says:

1. He is the surviving joint tenant in and to the property hereinafter described.
2. Affiant and CATHY E. PHILLIPS, deceased, acquired the following described property as community property right of survivorship by that certain deed dated July 21, 1994, and recorded in 1994, in Book 273, of Official Records at Page 259, in the offices of the County Recorder, Eureka County, State of Nevada, said property being located in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 16, Block 13, of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada. (9)

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by SOUTHERN PACIFIC LAND COMPANY, in Deed recorded September 24, 1951, in Book 24 of Deeds at Page 168, Eureka, County, Nevada.

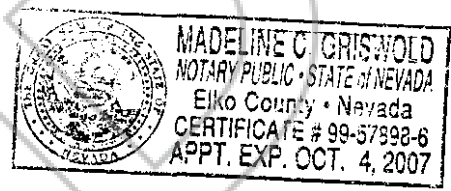
3. CATHY E. PHILLIPS, being one of the persons described in the foregoing deed as a grantee and wife, died in the City of Butte, County of Silver Bow, State of Montana, on July 1, 2002.

A certified copy of the death certificate of said CATHY E. PHILLIPS is attached hereto and made a part hereof.

4. Affiant makes this affidavit for recording and for the purpose of terminating all right, title and interest and estate of CATHY E. PHILLIPS, the deceased spouse, in and to the above described property, and vesting title thereto solely in Affiant, EUGENE T. PHILLIPS, the surviving spouse, as his sole and separate property.

Eugene T. Phillips
EUGENE T. PHILLIPS

SUBSCRIBED AND SWORN to before me
this 18th day of January, 2005
by EUGENE T. PHILLIPS.



Madeline C. Griswold

NOTARY PUBLIC

CERTIFICATION OF VITAL RECORD

STATE OF MONTANA

SILVER BOW COUNTY

CERTIFICATION OF A DEATH RECORD

DECEDENT'S NAME (First, Middle, Last) Catherine Eileen Phillips		SEX female	DATE OF DEATH (Month, Day, Year) July 1, 2002
AGE - Last Birth (Year/Month/Day) 5a 51	UNDER 1 YEAR Months Days	UNDER 1 DAY Hour Minutes	DATE OF BIRTH (Month, Day, Year) 6 March 5, 1951
PLACE OF DEATH - Check only one: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		COUNTY OF DEATH 7d Silver Bow	
PLACE OF DEATH - If institution, give street and number: Evergreen of Butte		CITY, TOWN, OR LOCATION OF DEATH 7d Butte	
PLACE OF DEATH - City and State or Foreign Country Butte, Montana	MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	SURVIVING SPOUSE (If wife, give maiden surname) 10 Eugene Phillips	
SOCIAL SECURITY NUMBER [REDACTED]	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 12a homemaker	KIND OF BUSINESS/INDUSTRY 12b domestic	WAS DECEDENT EVER IN US ARMED FORCES? (Yes or no) 13 no
RESIDENCE - STATE 14 Nevada	COUNTY 14b White Pine	CITY, TOWN, OR LOCATION 14c Crescent Valley	STREET NUMBER 14d P O Box 211118
CITY 15 YES Reno	ZIP CODE 89821-1118	ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify) American	
MOTHER'S NAME (First, Middle, Last) 18 Richard M. Beeson		MOTHER'S NAME (First, Middle, Maiden Surname) 18 Aileen Teague	
DECEASED'S NAME (First, Middle, Last) 19 Eugene Phillips		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a P O Box 211118, Crescent Valley, NV 89821-1118	
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) 20a Butte Crematories Inc.	LOCATION - City or Town, State 20c Butte, Montana
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <i>John P. [Signature]</i>		MONTANA LICENSE NUMBER (of licensee) 21b # 452	NAME AND ADDRESS OF FACILITY 22 Wayrinen-Richards Funeral Home 1800 Florence, Butte, MT 59701
CAUSE OF DEATH - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See Instructions on other side)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. IMMEDIATE CAUSE - Final disease or condition resulting in death. Multiple Sclerosis		b. DUE TO (OR AS A CONSEQUENCE OF):	
c. IMMEDIATELY PREVIOUS CONDITIONS - If any, leading to immediate cause. Enter underlying cause: Disease or injury that caused events resulting in death. List		d. DUE TO (OR AS A CONSEQUENCE OF):	
e. Other significant conditions contributing to death but not resulting in the underlying cause given in 2a1.		24a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	
		24b. WAS CASE REFERRED TO CORONER? (Yes or no) yes	
24c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
MANNER OF DEATH - Pending investigation, could not be determined, homicide		DATE OF INJURY (Month, Day, Year) 27a	TIME OF INJURY 27b M 27c
PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 27d		DESCRIBE HOW INJURY OCCURRED 27e	
LOCATION (Street and Number or Rural Route Number, City or Town, State) 27f			
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY - To the best of my knowledge and belief, I certify that the time, date, and place and due to the cause(s) stated.		TO BE COMPLETED BY CORONER ONLY - 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) and manner as stated.	
SIGNATURE AND TITLE <i>[Signature]</i>		DATE SIGNED (Month, Day, Year) 29c	
HOUR OF DEATH 28c 5:15 A		DATE PRONOUNCED DEAD (Month, Day, Year) 29d	
SIGNATURE OF CERTIFYING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) Dr. J. McGree M.D.		PRONOUNCED DEAD (Month, Day, Year) 29e	
ADDRESS OF CERTIFYING PHYSICIAN OR CORONER (Type or Print) 1101 S. Montana, Butte, Montana 59701		DATE FILED (Month, Day, Year) 31b September 16, 2002	
SIGNATURE OF REGISTRAR <i>[Signature]</i>			

By:

[Signature]

12/30/02

195602

[Signature]

This certifies that this document is a true and correct copy of the original information on file with the Department of Public Health and Human Services.

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Mary McMahon
Clerk and Recorder

