



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: NANCY LANG

Address: 699 MARRON WAY

City/State/Zip: GARDNERVILLE, NV 89460

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

SMALL ESTATE AFFIDAVIT

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)

Nancy Lang
Signature

NANCY LANG
Printed Name

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

Claim # _____

SMALL ESTATE AFFIDAVIT

[Note: For use only where the *total gross property of the entire estate* (not just the property held by Unclaimed Property Division) does not exceed \$20,000 and does not include real estate or an interest in real estate.

Disclaimer: This form is provided as a convenience only. The law may have changed. Please consult NRS 146.080 and any other relevant statutes. If you have questions, you must consult private counsel. The Division of Unclaimed Property cannot give legal advice.]

STATE OF NEVADA)

COUNTY OF DOUGLAS)

I, NANCY LANG, being first duly sworn, upon oath says:

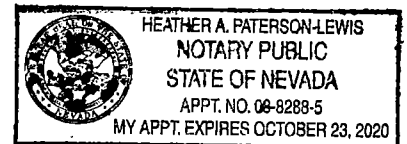
1. That I am person who has a right to succeed to the property of the decedent.
2. That the decedent, ROBERT William LANG (full name of decedent), died on 3/15/2019 (date of death), at Carson City, NV (place of death, e.g., city, county and state).
3. That the gross value of the decedent's property in this State, except amounts due the decedent for services in the Armed Forces of the United States, does not exceed \$20,000, and that the property does not include any real property nor interest therein, nor mortgage or lien thereon;
4. That at least 40 days have elapsed since the death of the decedent, as shown in the certificate of death of the decedent, a certified copy of which is attached to this affidavit;
5. That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
6. That all debts of the decedent, including funeral and burial expenses, and money owed to the Department of Health and Human Services as a result of the payment of benefits for Medicaid, have been paid or provided for;
7. That the decedent's property consists of the following, and I am entitled to the following share(s) of the property: (describe all of the known property of the decedent, and for each item, state the share you claim. If you are claiming less than a 100% share, list all other claimants and the share each claims)

8. That I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to mine, and that at least 14 days have elapsed since the notice was served or mailed;
9. That I am personally entitled, or the Department of Health and Human Services is entitled, to full payment or delivery of the property claimed or I am entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property; and,
10. That I acknowledge and understand that filing a false affidavit constitutes a felony in this State.
11. I further state that probate proceedings (check one):
- Have taken place or are currently pending. Probate documents are attached, including any letters testamentary or other letters or petitions for issuance of letters
- or-
- Have not taken place and are not currently pending.
12. The affiant further states that the decedent did did not (circle one) leave a will. If the decedent did leave a will, a true and correct copy of the will is attached hereto. (Note: If the decedent did not leave a will, Form UP-40, Affidavit of Heirship, must also be completed.)

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 27th day of February, 2020.

BY: Nancy Lane
NANCY LANE (Affiant)



Notary Signature: Heather A. Paterson-Lewis

My Commission expires: October 23, 2020



CLAIM # _____

AFFIDAVIT OF HEIRSHIP

DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR IF THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of: ROBERT WILLIAM LANG
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: NANCY LANG who, being first duly sworn upon his/her oath states:
("Affiant")

1.

MY NAME IS:	<u>NANCY LANG</u>
I RESIDE AT:	<u>699 MARRON WAY GARDNERVILLE, NV 89460</u>
DECEDENT WAS MY (RELATION):	<u>BROTHER</u>

I am personally familiar with the family and marital history of ROBERT LANG, and I have personal knowledge of the facts stated in this affidavit.
("Decedent")

2.

I KNEW THE DECEDENT	FROM: <u>11/5/54</u>	UNTIL: <u>3/15/2019</u>
DECEDENT DIED ON	MONTH: <u>3/15/2019</u>	DATE: <u>15</u> YEAR: <u>2019</u>
DECEDENT'S PLACE OF DEATH	CITY: <u>CARSON CITY</u>	STATE: <u>NV</u> COUNTY:
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY: <u>GARDNERVILLE</u>	STATE <u>NV</u> COUNTY <u>DOUGLAS</u>

3. Provide information on the decedent's marital history: (If never married, indicate below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
<u>NEVER MARRIED</u>			

4. Provide the following information on the decedent's natural born and adopted children: (If none, indicate below.)

CHILD'S NAME & CURRENT ADDRESS	BIRTH DATE	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<u>NONE</u>			

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4072496

CERTIFICATE OF DEATH

2019005281

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert William LANG		2. DATE OF DEATH (Mo/Day/Year) March 15, 2019		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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP, Emer Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 64	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-4046		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 619 Appaloosa Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter Wall LANG	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sharon Elizabeth COX		18a. INFORMANT - NAME (Type or Print) Nancy LANG			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State Zip) 699 Marron Way Gardnerville, Nevada 89460		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) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City		20d. NAME AND ADDRESS OF TRADE CALL - NAME AND ADDRESS			
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED CRAIG RAU MD		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) March 19, 2019		21c. HOUR OF DEATH 13:05		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 10991	
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 19, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I			
	(a) Cardiopulmonary Arrest		Interval between onset and death			
(b) Septic Shock		Interval between onset and death				
(c) Severe Hypotension		Interval between onset and death				
(d) Atrial Fibrillation		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Acute Kidney injury; Hypertension; Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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



CERTIFIED COPY OF VITAL RECORDS

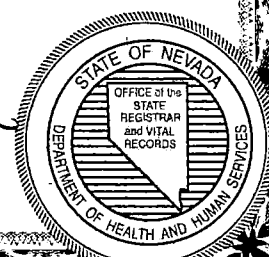
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 21 2019**

Julie Katchear
STATE REGISTRAR

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Last Will and Testament

of

ROBERT W. LANG

I, ROBERT W. LANG, currently residing in Douglas County, Nevada, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and other former wills and codicils as well all other instruments of a testamentary nature heretofore made by me.

FIRST: As soon after my death as conveniently can be done, I direct my executor, hereinafter named, to pay all of my just debts, expenses of last illness, funeral and burial expenses, and the costs and expenses of the administration of my estate including any federal estate tax, if due and payable.

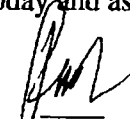
SECOND: I declare that I am not married.

THIRD: I declare that I have no children living or deceased.

FOURTH: It is my intention to hereby dispose of all property, real and personal, or mixed real and personal, which I have the right to dispose of by will including any and all property to which I have, or may have, the power of appointment by will.

FIFTH: I direct my appointed executor to distribute all items of my property, not already included in my trust estate, to my trust estate.

SIXTH: All such property I leave in trust to the then acting trustee of the ROBERT W. LANG 2018 REVOCABLE TRUST created by me on this date to be added to the principal of that Trust and to be held, administered and distributed under such agreement as executed today and as


Initial RWL

amended from time to time prior to my death. It is not my intent by this Will to submit my estate to the jurisdiction of the probate court. Rather, it is my intent to provide for the disposition of assets which have not been provided for at the time of my death or may have been inadvertently omitted from my trust.

SEVENTH: I hereby nominate, constitute and appoint STEVEN W. LANG, executor of this Will. I direct that my executor not be required to give any bond or other security for the faithful performance of his duty. Should Steven be unable or unwilling to serve as executor of this, my Last Will and Testament, then I appoint NANCY LANG as successor executrix, also to serve without bond.

EIGHTH: In the administration of my estate, my executor, when appointed, shall have, and is expressly given, any and all powers enumerated in Nevada Revised Statutes Chapters 143 and 163, inclusive, as they exist at the time of the execution of this Will, or as amended from time to time and the provisions of said statutes are hereby incorporated by reference in this Will with the same effect as though such language were set forth verbatim in this Will.

NINTH: I confirm in this Will all the provisions contained in my Declaration of Trust. I disinherit each and any beneficiary or heir who contests this Will or any of its provisions as well as any provision(s) of the Trust. Any share going to such heir or beneficiary shall be determined as if that heir had predeceased me.

TENTH: If any provision of this Will or any codicil thereto is held to be invalid, it is my intention that all of the remaining provisions shall continue to be fully effective.

IN WITNESS WHEREOF, I, ROBERT W. LANG, have hereunto set my hand this 14
day of MARCH, 2018.


ROBERT W. LANG


Initial RWL

The foregoing instrument, consisting of three (3) pages, including this page, was on the date thereof initialed by the testator at the bottom of each page, and signed at the end thereof, and in our presence and in the presence of each of us, and at the time of making such subscription, was declared by the testator to be his Last Will and Testament. Each of us, at the request of the said testator, and in his presence, and in the presence of each other, have hereto signed our names as witnesses to said Will on March 14, 2018

Nancy Lang

Witness Signature

Address: 699 Marron Way
Sardnerville, NV 89460

Joseph Lang

Witness Signature

Address: 631 West Fork Vista
Sardnerville NV 89460

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Then and there personally appeared the within named Nancy Lang
and Susan Scherf-Lang, who, under the penalty of perjury state that the assertion of this affidavit are true:

That they witnessed the execution of the within Last Will and Testament of the within testator, ROBERT W. LANG; that said testator subscribed said Last Will and Testament and declared the same to be his Last Will and Testament in their presence; that they thereafter subscribed the same as witnesses in the presence of said testator and in the presence of each other and at the request of said testator, and that the said testator at the time of the execution of said Last Will and Testament appeared to them to be of full age and of sound mind and memory acting freely and not under duress, menace, fraud or undue influence of any person, nor under the influence of alcoholic beverage or drug and that they make this affidavit at the request of said testator.

Nancy Lang

Witness Signature

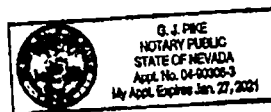
Joseph Lang

Witness Signature

SUBSCRIBED and SWORN to before me,
on March 14, 2018.

G. J. Pike

NOTARY PUBLIC



RWL
Initials RWL

*FIRST CODICIL
TO
LAST WILL AND TESTAMENT*

I, ROBERT W. LANG, being of sound and disposing mind and memory, do hereby make, publish and declare this to be the First Codicil to my Last Will and Testament executed on March 14, 2018.

I hereby replace Section SEVENTH with the following:

I hereby nominate, constitute and appoint NANCY LANG, executrix of this Will. I direct that my executrix not be required to give any bond or other security for the faithful performance of her duty. Should Nancy be unable or unwilling to serve as executrix of this, my Last Will and Testament, then I appoint STEVEN W. LANG as successor executor, also to serve without bond.

I hereby confirm all the provisions contained in my original Last Will and Testament except as modified herein.

IN WITNESS WHEREOF, I, ROBERT W. LANG, have hereunto set my hand this 6 day of March, 2018.



ROBERT W. LANG

The foregoing instrument, consisting of two (2) pages, including the following page, was on the date thereof initialed by the testator at the bottom of each page, and signed at the end thereof, and in our presence and in the presence of each of us, and at the time of making such subscription, was declared by the testator to be the First Codicil to his Last Will and Testament dated March 14, 2018.


RWL Initial

Each of us, at the request of the said testator, and in his presence, and in the presence of each other, have hereto signed our names as witnesses to said codicil on the 6 day of ~~March~~^{April}, 2018.

Socida Bustamante residing at: Carson City NV

Nancy Lang residing at: Yardville NV

STATE OF NEVADA)
) ss.
COUNTY OF ~~DOUGLAS~~
Carson City

Then and there personally appeared the within named Socida Bustamante and NANCY LANG, who, under the penalty of perjury state that the assertion of this affidavit are true:

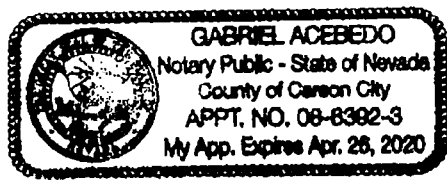
That they witnessed the execution of the within First Codicil to the Last Will and Testament of the testator, ROBERT W. LANG; that said testator subscribed said First Codicil; that they thereafter subscribed the same as witnesses in the presence of said testator and in the presence of each other and at the request of said testator, and that the said testator at the time of the execution of said codicil appeared to them to be of full age and of sound mind and memory acting freely and not under duress, menace, fraud or undue influence of any person, nor under the influence of alcoholic beverage or drug and that they make this affidavit at the request of said testator.

Socida Bustamante
WITNESS

Nancy Lang
WITNESS

SUBSCRIBED and SWORN to before me, a Notary Public, this 6 day of ~~March~~^{April}, 2018.

[Signature]
NOTARY PUBLIC



[Signature]
RWL Initial