

APN# 1420-33-410-023



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Heritage Law, A Division of Kalicki Collier, LLP

Address: 1625 Highway 88, Suite 304

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Mary E. Wylie

Address: 2636 Fawn Fescue

City/State/Zip: Minden, NV 89423

Affidavit of Death of Settlor/Trustees of Trust

**Title of Document** (required)

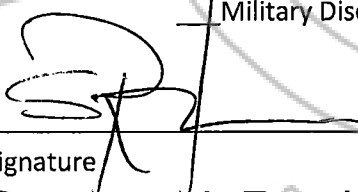
------(Only use if applicable)-----

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

Suzanne J. Remington

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**APN: 1420-33-410-023**

Recorded at the Request of:  
Heritage Law Group, A Division of  
KALICKI COLLIER, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
Mary E. Wylie, Successor Trustee  
2647 Sweet Clover Ct.  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

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**AFFIDAVIT OF DEATH OF SETTLORS/TRUSTEES OF TRUST**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

MARY E. WYLIE, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That RICHARD H. NOLAN, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 1**), and that HELEN M. NOLAN, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 2**) are the same people as RICHARD H. NOLAN and HELEN M. NOLAN, the Settlers and Trustees of the *Nolan Family Trust, dated December 20, 1993, and any amendments thereto*, and named as the grantees in that certain Individual Grant Deed, dated August 17, 1998, executed by George A. Kirka and Judy A. Kirka, and recorded on August 18, 1998, as Document No. 0447298 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 2647 Sweet Clover Court, Minden, Douglas County, Nevada, more precisely described as:

**Lot 29, as set forth on that Subdivision Map Entitled WILDHORSE ANNEXT UNIT NO. 2, a Planned Unit Development, recorded October 10, 1994 in Book 1094 at Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.**

Pursuant to NRS 111.312, the above legal description previously appeared the Quitclaim Deed recorded on December 23, 1998, as Document No. 0457238.

MARY E. WYLIE is the Successor Trustee of the *Nolan Family Trust, dated December 20, 1993, and any amendments thereto*. The Trust was in effect on the date of death of both

Decedents and is now irrevocable. Declarant has consented to act as Successor Trustee under the Trust.

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

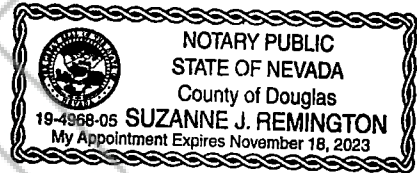
Dated: June 26, 2020.

Mary E. Wylie  
MARY E. WYLIE,  
Successor Trustee/Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me on this 26<sup>th</sup> day of June, 2020, by MARY E. WYLIE, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SR  
\_\_\_\_\_  
Notary Public





# EXHIBIT 1

*Nolan Family Trust, dated December 20, 1993,  
and any amendments thereto*

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***Nevada Certificate of Death for RICHARD H. NOLAN  
Date of Death: February 19, 2008***

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2008002341**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Herbert NOLAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 19, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2647 Sweet Clover Court</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>078</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 03, 1929</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Helen MC EVOY</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-3060</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Owner-operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Financial Management</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2647 Sweet Clover Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Walter H NOLAN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Florence O FITZGERALD</b>		
18a. INFORMANT- NAME (Type or Print) <b>Helen NOLAN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2647 Sweet Clover Court Minden, Nevada 89423</b>		
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>RICK NOEL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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) <b>ROBERT LEWIS McDONALD M.D.</b> <b>SIGNATURE AUTHENTICATED</b>			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>February 19, 2008</b>		21c. HOUR OF DEATH <b>03:10</b>		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert Lewis McDonald M.D. 200 Bath Street #1 Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>6433</b>	
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 19, 2008</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				Interval between onset and death	
(a) <b>Respiratory Failure</b>				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Stage 4 Adenocarcinoma of Lungs</b>				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Chronic Obstructive Pulmonary Disease</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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**



198120

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.

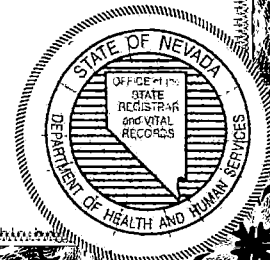
DATE ISSUED: **10/27/2008**

STATE REGISTRAR

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PAUCO P. 11.2

VRS-Rev-2008K





# EXHIBIT 2

*Nolan Family Trust, dated December 20, 1993,  
and any amendments thereto*

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***Nevada Certificate of Death for HELEN M. NOLAN  
Date of Death: May 20, 2020***

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

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

CASE FILE NO. 4146173

**CERTIFICATE OF DEATH**

2020010511  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Helen Marie NOLAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 20, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>1565 Virginia Ranch Road</b>		3e. If Hosp. or Inst, indicate DOA,OP,Emer, Rm Inpatient(Specify) <b>Assisted Living Facility</b>	
DECEDENT	4 SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>90</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-7299</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	<b>HOMEMAKER</b>		<b>OWN HOME</b>		Ever in US Armed Forces? <b>No</b>	
DISPOSITION	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
	15d. STREET AND NUMBER <b>2647 Sweet Clover Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
TRADE CALL	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert MCEVOY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen FURLONG</b>		
	18a. INFORMANT- NAME (Type or Print) <b>Mary E. WYLIE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2636 Fawn Fescue Court Minden, Nevada 89423</b>		
CERTIFIER	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>DENICE PORTILLO</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
REGISTRAR	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) <b>DOUGLAS VACEK DO</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)		
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) <b>May 21, 2020</b>		21c. HOUR OF DEATH <b>08:53</b>		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>				23b. LICENSE NUMBER <b>1125</b>	
	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 26, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) <b>Cardiac Arrest</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(b) <b>Atherosclerotic Cardiovascular Disease</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>Hypertension</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(d)		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 1. <b>Advanced Age, Senile Dementia</b>						
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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

000817514



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DATE ISSUED:

**JUN 02 2020**

STATE REGISTRAR

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VRS-Rev-20120523a

