

APN# 1320-35-002-029

**Recording Requested by/Mail to:**

Name: HERITAGE LAW

Address: 1625 Highway 88, Ste. 304

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: MAJORY M. LUCAS, Trustee

Address: 1421 Brentwood Court

City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE 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

\_\_\_\_\_  
Printed Name

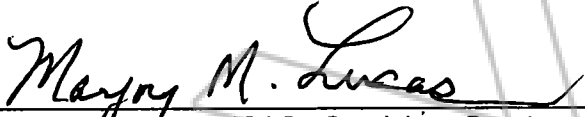
This document is being (re-)recorded to correct document # 2022-987164, and is correcting  
TRUST INCORRECTLY REFERRED TO AS "BLUE WICCAN LIVING TRUST"



MARJORY M. LUCAS shall forthwith serve as sole Trustee of the *Lucas Family 1998 Revocable Trust*, dated September 1, 1998, and any amendments thereto.

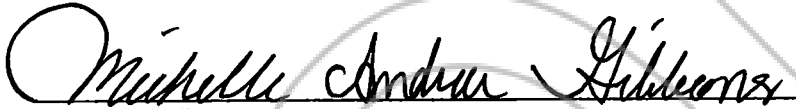
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

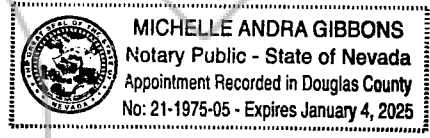
Dated: August 4, 2022.

  
MARJORY M. LUCAS, Surviving Grantor and Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

On August 4, 2022, before me, a Notary Public, personally appeared MARJORY M. LUCAS, personally know to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that she executed it.

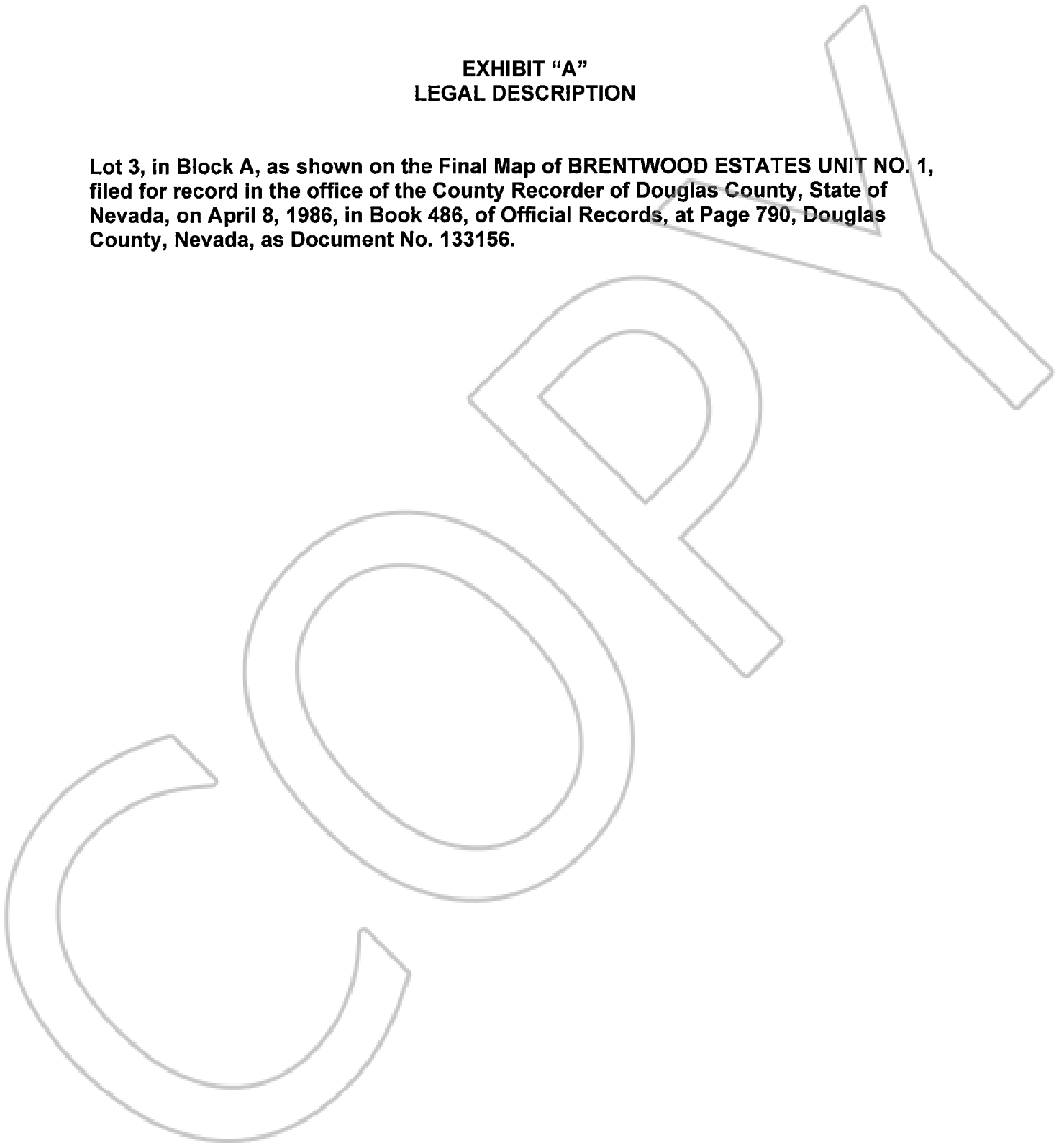
  
Notary Public



APN: 1320-35-002-029

**EXHIBIT "A"  
LEGAL DESCRIPTION**

**Lot 3, in Block A, as shown on the Final Map of BRENTWOOD ESTATES UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 8, 1986, in Book 486, of Official Records, at Page 790, Douglas County, Nevada, as Document No. 133156.**





# EXHIBIT B

*Lucas Family 1998 Revocable Trust*  
Grantor: GEORGE P. LUCAS  
Date of Death: March 6, 2022

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***Nevada Certificate of Death, George P. Lucas***

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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. 4271867

**CERTIFICATE OF DEATH**

2022006741  
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>George Paul LUCAS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 06, 2022</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 number) <b>1421 Brentwood Ct</b>		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 30, 1938</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Marjory LARSON</b>	
13. SOCIAL SECURITY NUMBER <b>██████████ 2099</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1421 Brentwood Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George LUCAS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Josephine SCZYGIEL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Marjory LUCAS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1421 Brentwood Ct Gardnerville, Nevada 89410</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>DENICE PORTILLO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>SIGNATURE AUTHENTICATED</b> <b>JEFFREY BASA MD</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>March 14, 2022</b>		21c. HOUR OF DEATH <b>20:56</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)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>8079</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 14, 2022</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) Sepsis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: Staphylococcus Infection				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				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	



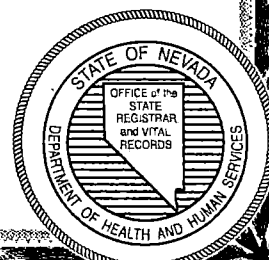
**CERTIFIED COPY OF VITAL RECORDS**

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.  
3/30/2022

DATE ISSUED:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE