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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-03-411-001

Recording requested by: )  
Vander Laan Law Firm LLC )  
1624 10<sup>th</sup> Street, Suite 3 )  
Minden, NV 89423 )

When recorded mail to: )  
Larry Lancaster )  
804 Walnut Canyon Blvd )  
Pflugerville, TX 78660 )

Mail tax statement to: )  
Larry Lancaster )  
804 Walnut Canyon Blvd )  
Pflugerville, TX 78660 )

**AFFIDAVIT – DEATH OF TRUSTEE**

I, LARRY ROBERT LANCASTER, JR., of legal age, being first duly sworn, declare under penalty of perjury that:

JOYCE LANCASTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOYCE ANN LANCASTER named as one of the parties (grantee) in that certain deed dated August 15, 2007, and executed by Joyce Lancaster (grantor) to Joyce Ann Lancaster, Trustee of the JOYCE LANCASTER 2007 REVOCABLE LIVING TRUST dated August 15, 2007, and any amendments thereto (grantee), recorded on August 17, 2007, as Document No. 0707676 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 287, as set forth on the Official Plat of Winhaven Unit No. 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992, as Document No. 395672.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues of profits thereof.


Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

JOYCE ANN LANCASTER, the deceased party, died on October 4, 2022, as shown in the attached certified copy of Certificate of Death.

The Affiant is the son of the deceased party and pursuant to the terms of the JOYCE LANCASTER 2007 REVOCABLE LIVING TRUST dated August 15, 2007, now the sole acting Trustee of the JOYCE LANCASTER 2007 REVOCABLE LIVING TRUST dated August 15, 2007, now holding title as LARRY ROBERT LANCASTER, JR., Trustee, or his successors in Trust, under the JOYCE LANCASTER 2007 REVOCABLE LIVING TRUST dated August 15, 2007.

Executed on this 7<sup>th</sup> day of November, 2022, in Travis County, State of Texas.



LARRY ROBERT LANCASTER, JR.  
Trustee of the JOYCE LANCASTER 2007 REVOCABLE LIVING TRUST dated August 15, 2007

STATE OF TEXAS                    )  
  ): ss  
COUNTY OF Travis            )

Signed and sworn to (or affirmed) before me on this 7<sup>th</sup> day of November, 2022, by LARRY ROBERT LANCASTER, JR.



  
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

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

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

CASE FILE NO. 4309761

**CERTIFICATE OF DEATH**

2022023643  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENT 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>Joyce LANCASTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 04, 2022</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 address and number) <b>1748 Lantana Drive</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 21, 1944</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Indiana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>4015</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Owner - Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING</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>1748 Lantana Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Delap JENNINGS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn Barbara BIERDERMAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Susan G EWALD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1147 Country Club Drive 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>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation City of Nevada - Capitol City</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>B A BOTTENBERG DO</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>October 06, 2022</b>		21c. HOUR OF DEATH <b>21:39</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 DEATH AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>DO674</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELTON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 06, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Tobacco Use Disorder</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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

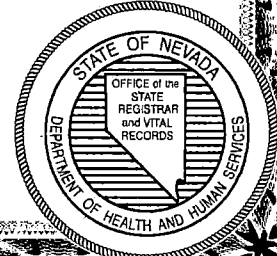
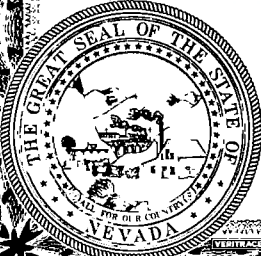
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

10/10/2022

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE