

APN# 1320-29-210-003

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Larry Lancaster

Address: 804 Walnut Canyon Blvd

City/State/Zip: Pflugerville TX 78660

**AFFIDAVIT DEATH OF TRUSTEE**

**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

E. TOBIAS

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Larry Robert Lancaster, Jr.

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1320-29-210-003**

File No.: 143-2658965 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Larry Robert Lancaster, Jr.** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Joyce Lancaster** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 4, 2022** at **Minden, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 15, 2007** executed by **Joyce Ann Lancaster** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **August 15, 2007** which was recorded as Instrument No. **0707676** in Book **0807**, Page **05168**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 12/20/22

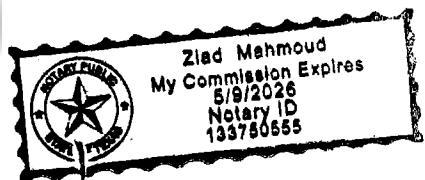
**DECLARANT:**  
[Signature]  
**Larry Robert Lancaster, Jr.**

State of Texas )  
County of Travis )ss )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Travis and State Texas, this 20th day of December, 20 22 by Larry Robert Lancaster, Jr. personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.  
Signature Ziad Mahmoud  
My Commission Expires: 5/9/26

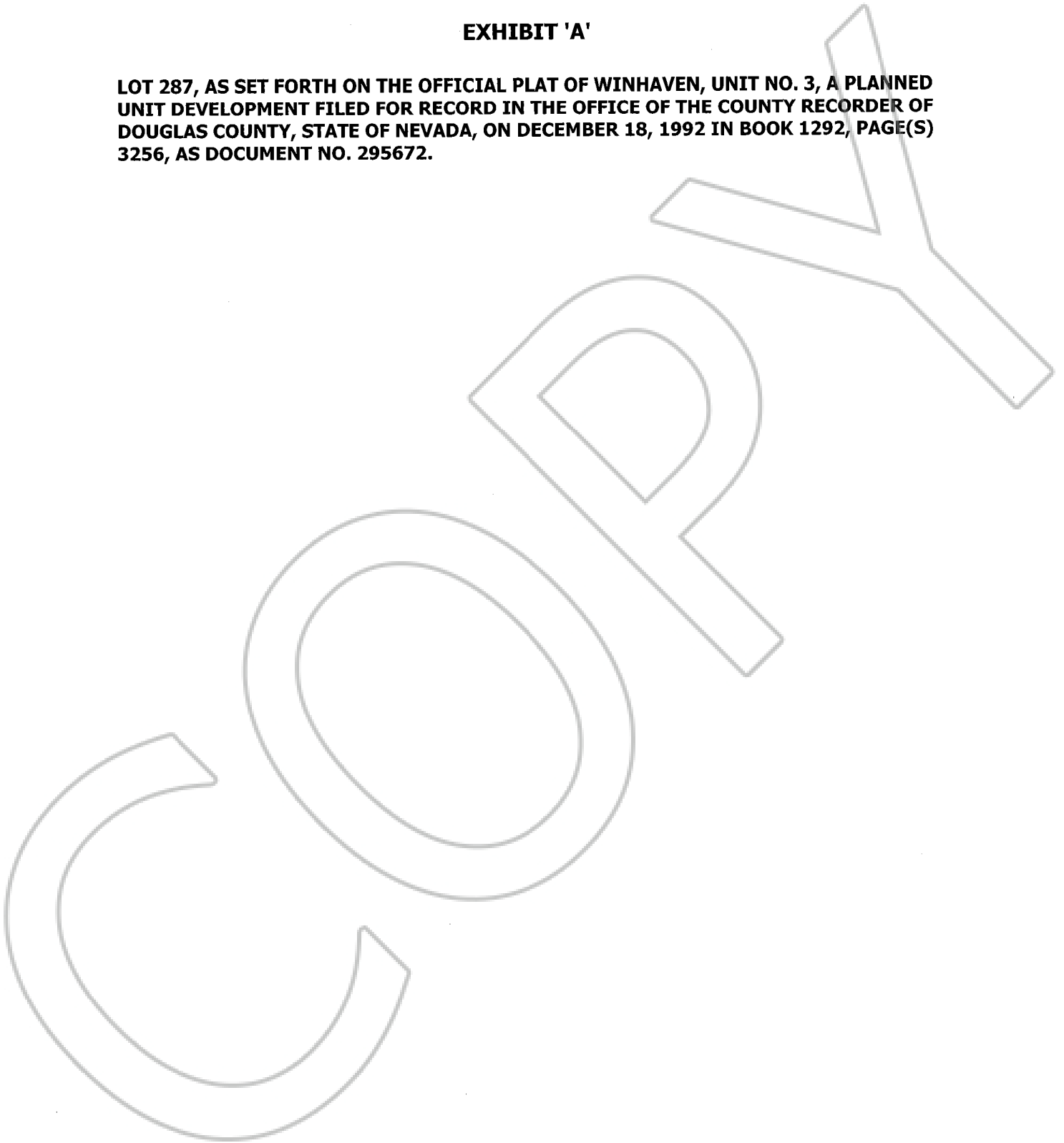
*This area for official notarial seal*



Notary Name: Ziad Mahmoud Notary Phone: 512 554 1210  
Notary Registration Number: 133750555 County of Principal Place of Business Travis

**EXHIBIT 'A'**

**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 IN BOOK 1292, PAGE(S) 3256, AS DOCUMENT NO. 295672.**



**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 RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

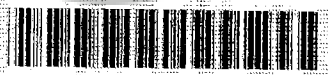
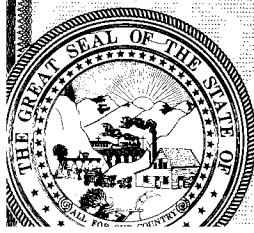
CERTIFIER

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) Joyce LANCASTER		2. DATE OF DEATH (Mo/Day/Year) October 04, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 1748 Lantana Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR 7c. UNDER 1 DAY	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) October 21, 1944	
9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 4015	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING		15. INSIDE CITY LIMITS (Specify Yes or No) No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1748 Lantana Drive		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Delap JENNINGS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Barbara BIERDERMAN	
18a. INFORMANT - NAME (Type or Print) Susan G EWALD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1147 Country Club Drive Minden, Nevada 89423			
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 (Of Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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 A BOTTENBERG DO 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)			
21b. DATE SIGNED (Mo/Day/Yr) October 06, 2022		21c. HOUR OF DEATH 21:39		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO - 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 06, 2022		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 (a) Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Tobacco Use Disorder				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) 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	



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:

*Scott Spangler*

STATE REGISTRAR

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

