

APN: 011-120-19

APN _____

APN _____

LINCOLN COUNTY, NV

2024-167552

\$37.00

10/31/2024 11:36 AM

Rec:\$37.00

JEFFREY BURR LTD.

Pgs=9 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

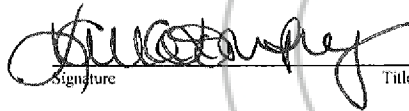
Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: Nevada

(State specific law)



Paralegal

Kari A. Lomprey

Print

10/29/2024

Date

Grantees address and mail tax statement:

Stephen F. Pickard

1541 Palomino Drive

Henderson, Nevada 89002

APN: 011-120-19

Prepared By/ When Recorded, Mail to:
Jeffrey Burr, Ltd.
2600 Paseo Verde Parkway
Henderson, NV 89074

Mail Tax Statements to:
STEPHEN F. PICKARD
1541 Palomino Drive
Henderson, NV 89002

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

STEPHEN F. PICKARD and VALERIE A. BARILLEAUX, being first duly sworn, deposes and says as follows:

1. SIDNEY D. PICKARD and JOAN V. PICKARD, as Trustees, created the SIDNEY D. & JOAN V. PICKARD FAMILY TRUST originally dated April 28, 1999, as amended and restated on May 18, 2022 (the "Trust"), wherein SIDNEY D. PICKARD and JOAN V. PICKARD were designated as the original Trustees of the Trust.
2. JOAN V. PICKARD died on April 23, 2017. A certified copy of the Death Certificate is attached hereto as **Exhibit "1"**.
3. SIDNEY D. PICKARD executed a Total Amendment and Restatement of the Trust on May 18, 2022, appointing STEPHEN F. PICKARD and VALERIE A. BARILLEAUX as current Co-Trustees, along with SIDNEY D. PICKARD.
4. SIDNEY D. PICKARD died April 23, 2024. A certified copy of the Death Certificate is attached hereto as **Exhibit "2"**.
5. STEPHEN F. PICKARD and VALERIE A. BARILLEAUX are named in the Trust agreement to serve as Co-Trustees in the event of the death of SIDNEY D. PICKARD,

and, pursuant to the provisions in the Trust agreement now becomes the Co-Trustees of the SIDNEY D. & JOAN V. PICKARD FAMILY TRUST originally dated April 28, 1999, as amended.

6. STEPHEN F. PICKARD and VALERIE A. BARILLEAUX hereby file this Affidavit and accept the office of Co-Trustees of the SIDNEY D. & JOAN V. PICKARD FAMILY TRUST dated April 28, 1999, as amended.
7. Real property located in the County of Lincoln, State of Nevada, more particularly described in **Exhibit "3"** was conveyed to the SIDNEY D. & JOAN V. PICKARD FAMILY TRUST originally dated April 28, 1999, as amended.
8. The Trust is currently in effect and has not been revoked.
9. We certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.
10. This Affidavit may be executed in counterparts, each of which shall be deemed to be an original, all of which together, when conformed, shall constitute one Affidavit, binding upon all parties to this Affidavit.

Dated this 3rd day of June, 2024.


STEPHEN F. PICKARD, Co-Trustee


VALERIE A. BARILLEAUX, Co-Trustee


[NOTARY ACKNOWLEDGEMENTS CONTINUE TO THE FOLLOWING PAGE]

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

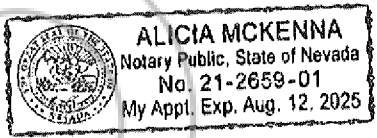
SUBSCRIBED AND SWORN to before me this 3rd day of June, 2024 by STEPHEN F. PICKARD, Co-Trustee, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public




STATE OF NEVADA)
) ss
COUNTY OF CLARK)

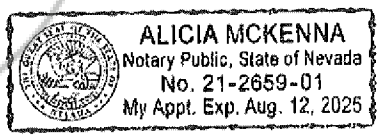
SUBSCRIBED AND SWORN to before me this 3rd day of June, 2024 by VALERIE A. BARILLEAUX, Co-Trustee, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public



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EXHIBIT "1"
Certified Death Certificate - JOAN V. PICKARD

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 3953115

2017007877
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) Joan Valerie PICKARD		2. DATE OF DEATH (Mo/Day/Year) April 23, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) St Rose Dominican Hospital Siena Campus		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 14, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sidney PICKARD	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 832 San Gabriel Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alois Servatius MERGENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ivy Katherine BELKA		
18a. INFORMANT - NAME (Type or Print) Sidney PICKARD			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 832 San Gabriel Avenue Henderson, Nevada 89002		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery		19c. LOCATION City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSEPH PALMER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD856		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
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) CHARLES D MCPHERSON MD 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) April 28, 2017		21c. HOUR OF DEATH 12:18		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Charles D McPherson MD 2900 W. Horizon Ridge Pkwy Henderson, NV 89052				23b. LICENSE NUMBER 5810	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 2017		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) Cardiac Arrest				30 Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Myocardial Infarction				2 Hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary Artery Disease				10 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Atherosclerosis				20 Years	
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) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		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	

AKA: Joan Mergens PICKARD

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 10/23/2024

Registrar of Vital Statistics SIGNATURE AUTHENTICATED
By: *Susan Bannis*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "2"
Certified Death Certificate – SIDNEY D. PICKARD

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4409774

2024009178
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) Sidney D PICKARD		2. DATE OF DEATH (Mo/Day/Year) April 23, 2024		3a. COUNTY OF DEATH Clark		
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 832 San Gabriel Avenue		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		
8. DATE OF BIRTH (Mo/Day/Yr) July 21, 1932		9a. STATE OF BIRTH (If not US/CA, name country) New Mexico		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PLUMBER		14b. KIND OF BUSINESS OR INDUSTRY PLUMBING		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson		
15d. STREET AND NUMBER 832 San Gabriel Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes		
16. FATHER/PARENT - NAME (First Middle Last Suffix) George E PICKARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose CABEZA DE BACA			
18a. INFORMANT- NAME (Type or Print) Stephen PICKARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1541 Palomino Dr Henderson, Nevada 89002				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetary		19c. LOCATION City or Town State Henderson Nevada 89015		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP WEBB		20b. FUNERAL DIRECTOR LICENSE NUMBER FDB97		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015		
20d. SIGNATURE AUTHENTICATED						
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) FRANKLIN P FERRER APRN			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) April 25, 2024			21c. HOUR OF DEATH 16:55			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)			
			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) Franklin P Ferrer APRN 4141 University Center Dr Las Vegas, NV 89119					23b. LICENSE NUMBER 822777	
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 29, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24b. SIGNATURE AUTHENTICATED						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I						
(a) Global Geriatric Decline						
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Siliocosis, Hypertension					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) NATURAL		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		

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DATE ISSUED: 10/23/2024

Registrar of Vital Statistics
By: *Susan Zannus* SIGNATURE AUTHENTICATED

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SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "3"
Legal Description

APN: 011-120-19

Lots Nine (9) and Ten (10) of ASH SPRINGS SUBDIVISION as shown by Plat thereof in file No. 45095 in the Office of the County Recorder of Lincoln County, Nevada.

Commonly known as: Property situated in Lincoln County, State of Nevada.

