APN: 011-120-19	LINCOLN COUNTY, NV \$37.00 Rec:\$37.00 JEFFREY BURR LTD. OFFICIAL RECORD	2024-167552 10/31/2024 11:36 AM Pgs=9 AK
APN	AMY ELMER, RECORDER	
APNAFFIDAVIT OF SUCCESSOR TF	RUSTEE	
Title of Document		
Affirmation Statement		
I, the undersigned hereby affirm that the attached docume submitted for recording does not contain the social security number number, or any "Personal Information" (as defined by NRS 603A.0 239B.030) X	er, driver's license or ident 40) of any person or person ent, including any exhibits liver's license or identifica	tification card ons. (Per NRS s, hereby ation card
Grantees address and mail tax statement:		
Stephen F. Pickard		
1541 Palomino Drive Henderson, Nevada 89002		
110/10/3011, 110/4000 07/02		

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:

- SIDNEY D. PICKARD and JOAN V. PICKARD, as Trustors, 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 3 day of June, 2024.

STEPHEN F. PICKARD, Co-Trustee

VALERIE A. BARILLEAUX, Co-Trustee

[NOTARY ACKNOWLEDGEMENTS CONTINUE TO THE FOLLOWING PAGE]

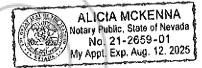
STATE OF NEVADA)
) ss
COUNTY OF CLARK)

SUBSCRIBED AND SWORN to before me this 3rd day of May, 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)

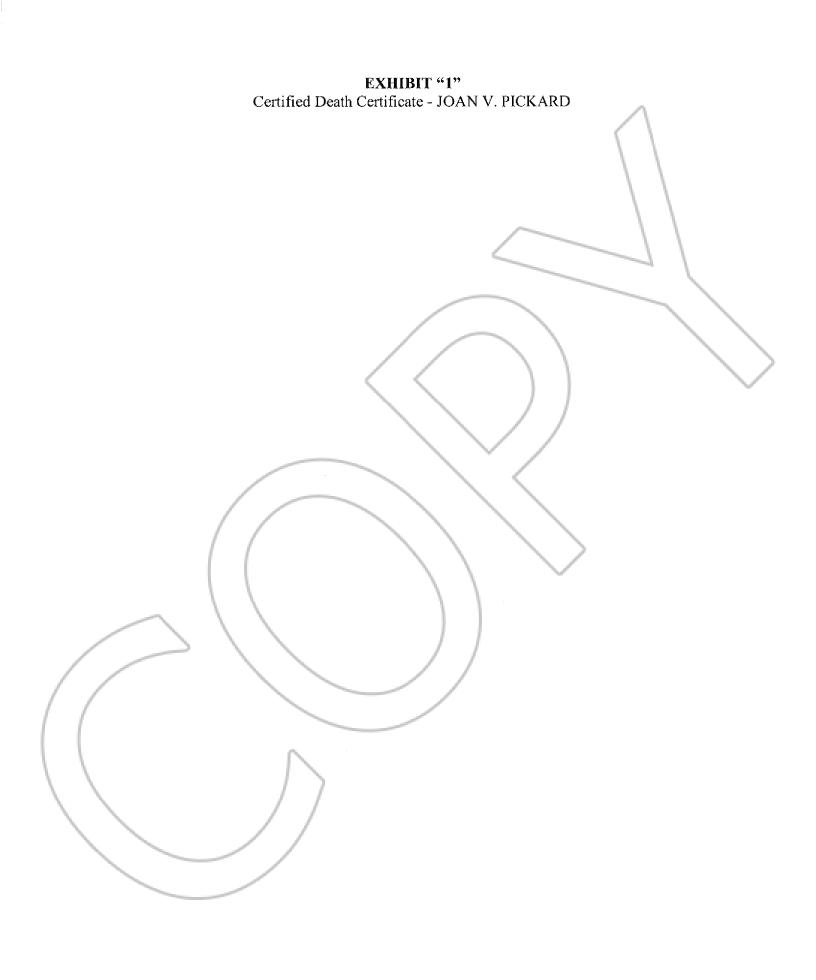
SUBSCRIBED AND SWORN to before me this 3rd day of May, 2024 by VALERIE A. BARILLEAUX, Co-Trustee, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

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

ALICIA MCKENNA Notary Public, State of Nevada No. 21-2659-01 My Appt. Exp. Aug. 12, 2025



(STATE OF NEVADA)

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

CASE FILE NO. 3953115

VITAL STATISTICS CERTIFICATE OF DEATH

2017007877

1a. DECEASED-NAME (FIRST MIDDLE,						STATE FILE NU	
	LAST,SUFFIX)	***************************************	130	2. DATE OF DEAT	H (Mo/Day/Yea	r) 3a COUN	ITY OF DEATH
Joan Valerie	The State of the Control of the Cont	PICKARD		April O	3, 2017	\	Clark
1	The state of the s					. 50% OD//	
3b, CITY, TOWN, OR LOCATION OF DEA	ATH 36, HOSPITAL OR OTH	IER INSTITUTION -Nam	e(If not either, give	street ande if Hos Inpatient	p, or inst, indica	tte DOA,OP/Eme	r. Rm. 4. SEX
Henderson	^{number)} St Rose Do	minican Hospital	Siena Campu	s Impalierit	Intensive C	are Unit (ICL	J) Fem
5. RACE (Specify)	6. Hispanic Or	rigin? Specify 7a	AGE-Last birthday	7h UNDER 1 YEA			OF BIRTH (Mo/Day
White	No - N	on-Hispanic (Ye	ars)	MOS DAYS	HOURS	MINIS	
			84		<u>. [i</u>		bruary 14, 193
9a. STATE OF BIRTH (If not US/CA,	9b. CITIZEN OF WHAT COU	NTRY 10.EDUGATION	11. MARITAL STATU Marrie	S (Specify) 12. Si	JRVIVING SPOUS	E'S NAME (Last nan	ne prior to first marriage
name country) Minnesota	United States	16	IVIAITIE) J	dney PICI	MAKD
13. SOCIAL SECURITY NUMBER	14a, USUAL OCCUPATION (Give Kind of Work Done	During Most of	14b. KIND OF E	USINESS OR I	NDUSTRY	Ever in US Ar
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16. FATHER/PARENT - NAME (First Mic	ddle Last Suffix)		17, MOTHER/P	ARENT - NAME (First Middle Li	ast Suffix)	N N
Alois Ser	vatius MERGENS	9 1 - N. / 41.03		lνý	Katherine	BELKA	
18a, INFORMANT- NAME (Type or Print)		18b. MAILING ADDRES	S (Street or R.	F.D. No, City or To	vn. State, Zip)		
Sidney PICKA	8 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			riel Avenue H		evada 89002	2
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JOSEPH PA	ALMER	LICENSE NUMBER				y-Henderson	
SIGNATURE A	UTHENTICATED	FD856	N	800 S Bo	oulder Hwy	lenderson NV	/ 89015
TRADE CALL - NAME AND ADDRESS			V V			7.	rwith the sec
⇒ ≥ 21a. To the best of my knowledge.	death occurred at the time, da	ate and place and due		basis of examination			
D 3 to the same /s) stated (Cimpature C	R Title) SIGNATURE	AUTHENTICATED	👼 🗵 at the time, o	date and place and d	ue to the cause(s) stated. (Signatur	e & Title)
୍କ ^ଝ CHARLES	B D MCPHERSON N		The number of the first of the				www.harana
21b. DATE SIGNED (Mo/Day/Yr)		and the same of th	22b. DATI	E SIGNED (Mo/Day	/Yr)	22c, HOUR OF	DEATH
흥 를 April 28, 2017		2:18	S	310000000000000000000000000000000000000			
0 14	COLORAGIE OTHER TURNICE	RTIFIER	ன் წ 22d. PRO	NOUNCED DEAD	(Mo/Day/Yr)	22e. PRONOU	NCED DEAD AT (H
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AKA: Joan Mergens PICKARD



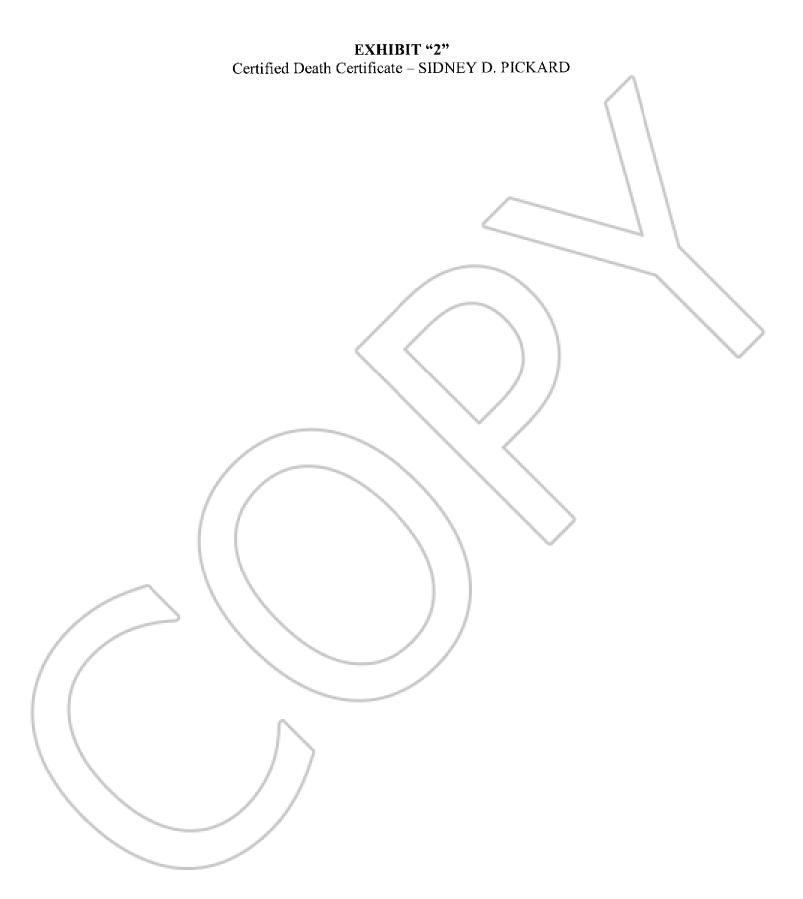
"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA," This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 10/23/2024

By: Susan Junus

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





STATE OF NEVADA) (CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4409774

CERTIFICATE OF DEATH

2024009178

TYPE OR						OTALL TEE HOR	
PRINTIN	1a. DECEASED-NAME (FIRST,MID	DLE,LAST,SUFFIX)		2. DATE OF	F DEATH (Mo/Day/Yea	r) 3a. COUN	TY OF DEATH
PERMANENT	Sidney D PICKARD April 23, 2024 Clark						
BLACK INK	A CALL TO THE COURT OF THE COUR						
BEAGINIA	35, CITY, TOWN, OR LOCATION OF	F DEATH 30. HOSPITAL OR OTHER	INSTITUTION -Name(if not	either, give street an 3	e.it Hosp. or that, indica	tte DOA,OP/Emer	Rm. 4. SEX
ž	Henderson	number) 832	San Gabriel Avenue	in the second	patient(Specify)	ome	Male
DECEDENT							
	5. RACE (Specify) 7a. AGE-Last birthday 7b.					MINS 8. DATE	OF BIRTH (MO/Day/Tr)
	White	No - Non-	Hispanic (Years)	91 MOS I	DATS HOURS	WIFNO	luly 21, 1932
		. 95. CITIZEN OF WHAT COUNT	DVI O EDUCATION I IL MAR		1 12 SURVIVING SPOUS	E'S NAME (Last nam	e prior to first marriage)
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA.	Widowed					
INSTITUTION SEE	name country) New Mexico		12				
HANDBOOK REGARDING	13, SOCIAL SECURITY NUMBER	14a, USUAL OCCUPATION (Given	ve Kind of Work Done During	Móst of 14b, KIN	ID OF BUSINESS OR I	NDUSTRY	Ever in US Armed
COMPLETION OF	2.44	raga kan	PLUMBER	1	PLUMBIN	G	Forces? Yes
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b	and the first page of the first term of the firs	Y TOWN OR LOCATION	15d, STREET AND N	VIIMBER		15e, INSIDE CITY
	158, RESIDENCE - STATE	. 600111		100		The second second	LIMITS (Specify Yes or No) Vac
 	Nevada	Clark	Henderson	832 San Gab	riel Avenue	74.	or No) Yes
) *****	16. FATHER/PARENT - NAME (Firs	st Middle Last Suffix)		OTHER/PARENT - N	AME (First Middle L	ast Suffix)	
PARENTS	1	eorge E PICKARD			Rose CABEZA	DE BACA	
8					the same of the sa		Benedik Persentan da
\	18a. INFORMANT- NAME (Type or			Street or R.F.D. No. Cit			N
§ 2 **	Stephen P				Henderson, Neva		
	19a BURIAL CREMATION: REMO	VAL. OTHER (Specify) 19b. CEMETE	RY OR CREMATORY - NAM	ΛĒ.	19c, t,OCA	TION City or T	own State
DECOUTION.	Burial		Palm Henderson	Cemetery	i dia ka	lenderson Ne	vada 89015
SPOSITION				T 1774 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	5 20 20 2		
8	20a. FUNERAL DIRECTOR - SIGNA		206. FUNERAL DIRECTOR	20c, NAME AND AU	DRESS OF PACILITY		
¥	PHILIP	WEBB	LICENSE NUMBER		Paim Mortuai	y-rienderson	
8	SIGNATUR	RE AUTHENTICATED	FD897	80	0 S Boulder Hwy	lenderson NV	89015
RADE CALL	TRADE CALL - NAME AND ADDRE	SS		- W /	.)		400 900
NUDE OUTE		edge, death occurred at the time, date	and place and due	22a. On the basis of exar	mination and/or investig a	ion, in my opinion	death occurred
	to the cause(s) stated (Signa		The production of the		e and due to the cause(s		
	FRAN	IKLIN P FERRER APRN	1 to		*	Ni bili	
CERTIFIER	21b, DATE SIGNED (Mo/Da		H	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF	DEATH
CERTIFIER	S April 25, 2024	16:5	ر الله الله الله الله الله الله الله الل		49		
	1 0 5	The second secon	isiss S	22d, PRONOUNCED	DCAD (Mo/Day/Ve)	22e PRONOUN	(CED DEAD AT (Hour)
		PHYSICIAN IF OTHER THAN CERT	B S	220, FRONCOINCED	Deno (Morbay) 117		The second second
	ဥမ္မီ (Type or Print)					<u> </u>	
	23a. NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATTENDING F	PHYSICIAN, MEDICAL EXAM	INER, OR CORONER	R) (Type or Print)	23b. LICEN	SE NUMBER
	Franklir	n P Ferrer APRN 4141 Univ	ersity Center Dr Las \	/egas, NV 8911	9		822777
	24a, REGISTRAR (Signature)	NANCY BARRY	24b. DATE	RECEIVED BY REGI	STRAR 24c. DE	ATH DUE TO CO	MMUNICABLE DISEASE
EGISTRAR	,		(Mo/Dáy/Y	r) April 29, 2	D24	YES 🗍	NO XI I
	<u> </u>	SIGNATURE AUTHENTICATE	The state of the s	April 20, 2		hermal	The second secon
CAUSE OF		ENTER ONLY ONE CAUSE PER LINE	E FOR (a), (b), AND (c).)		, o **	intervali	petween onset and death
DEATH	PARTI Global Geri	iatric Decline	M W W W		the first of the second		
DEATH		CONSEQUENCE OF:	According to the second			interval	setween onset and death
1	502 10; 510 207	CONDECOLINGE OF	백 기 : [11] [11] [12]			1	
CONDITIONS IF	(b)				141 141 141 141 141 141 141 141 141 141		winners with the second se
ANY WHICH GAVE RISE TO	DUE TO, OR AS A	A CONSEQUENCE OF:	/	/		Interval i	between onsel and death
IMMEDIATE CAUSE				/		1 1	et in Netherland
STATING THE >	DUE TO OP AS	CONSEQUENCE OF				Interval	belween onset and death
UNDERLYING CAUSE LAST	DUE TO, OR AS A	CONSEQUENCE OF				1	
	(d)			All and the second seco		1	44. www.www.www.ww.
1 /	PART II OTHER SIGNIFICANT CO	ONDITIONS-Conditions contributing to	death but not resulting in the	underlying cause give		AUTOPSY	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO
	Chronic Silicosis, Hyperter	nsion	11.2		(\$p	ecify Yes or No)	(Specify Yes or No)
						No	No
	28a. ACC., SUICIDE, HOM., UNDET. 2 OR PENDING INVEST. (Specify)	8b, OATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY 28d.	DESCRIBE HOW INJURY	OGGURRED		Report of the
1.	NATURAL NATURAL						
	10.00					<u> </u>	WWW.
1 \	28e, INJURY AT WORK (Specify 2	8f. PLACE OF INJURY- At home, farm	n, street, factory, office 280	LOCATION ST	REET OR R.F.D. No.	CITY OR TOV	VN STATE
1 \ 1		uilding, etc. (Specify)		* 15 July 18 19 17 1		a y July 1	
Si I	M *' ''''			- July war			

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"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

By: Susan Banns

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



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.

