

APN 1220-16-610-037

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:**

JRachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0407 PG- 3749 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Mary Annette Muller, Trustee
1393 Jobs Peak Dr.
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. *[Per NRS 440.380(1)(a) and 40.525(5)]*

**AFFIDAVIT - DEATH OF CO-TRUSTEE & CERTIFICATE OF
CONTINUED SOLE SERVICE OF REMAINING CO-TRUSTEE**

MARY ANNETTE MULLER, of legal age, being first duly sworn, deposes and says:

1. That I, MARY ANNETTE MULLER, am the sole surviving Co-Trustee of the MULLER FAMILY TRUST U/D/T 12/20/1988. I hereby affirm my intention to continue to act as the sole remaining Trustee with all rights and power over the property described herein.
2. The terms of the MULLER FAMILY TRUST U/D/T 12/20/1988 empower me to act as the sole Trustee for the Trust after the death of FREDERICK W. MULLER (also known as Frederick W. Muller Jr. and Frederick William Muller Jr.). From this point on this real property is under the following ownership: MARY ANNETTE MULLER, Trustee, MULLER FAMILY TRUST U/D/T 12/20/1988.
3. I also declare and affirm that FREDERICK WILLIAM MULLER JR., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as FREDERICK W. MULLER, Co-Trustee of the MULLER FAMILY TRUST U/D/T 12/20/1988 (for the benefit of the MULLER Family). FREDERICK W. MULLER is one of the named Co-Trustee parties in that certain Deed to FREDERICK W. MULLER, Trustee and MARY ANNETTE MULLER, Trustee of the MULLER FAMILY TRUST U/D/T 12/20/1988, covering all right, title, and interest which the MULLER FAMILY TRUST U/D/T 12/20/1988 has in and to all that real property situated in the unincorporated area, County of Douglas, State of Nevada, bounded and described as follows:

Lot 166, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

Assessor's Parcel No. 1220-16-610-037

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

4. The above stated affirmation is provided under penalty of perjury and is dated March 22, 2007.

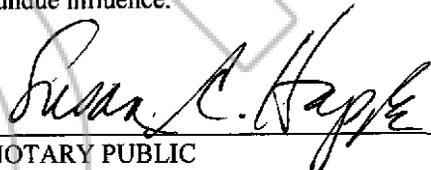


MARY ANNETTE MULLER, Trustee

JURAT

State of Nevada)
County of Douglas)

Subscribed and sworn to (or affirmed) before me on March 22, 2007, by MARY ANNETTE MULLER. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.



NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORDS

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Frederick William MULLER JR.		2. August 8, 2006	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson Tahoe Regional Medical Center	3e. Inpatient
4. Male		SEX	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White	6.	7a. 76	7b. :
DATE OF BIRTH (Mo., Day, Yr.)	8. August 1, 1930	UNDER 1 DAY HOURS : MINS	7c. :
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. California	9b. USA	10. 12	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life? Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13.	14a. Engineer	14b. Telecommunications	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1393 Jobs Peak Dr.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Frederick William Muller		17. Margaret Nutman	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Annette Muller		18b. 1393 Jobs Peak Dr. Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. Carson Sierra Crematory	19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. [Signature]	20b. 09	20c. Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		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) and manner stated. (Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.) 21b. 8/9/06		DATE SIGNED (Mo., Day, Yr.) 22b.	
HOUR OF DEATH 21c. 13:00		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Jose Aguirre M.D. 1600 Medical Parkway, Carson City, NV 89703		LICENSE NUMBER 23b. 11479	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) [Signature]	24b. August 9, 2006	24c. 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)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(b)	Chronic Renal failure		Interval between onset and death
(c)	Diabetes		Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

STATE REGISTRAR

No. 338546

131232

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.

DATE ISSUED:

AUG - 9 2006

This copy is not valid unless pre-



STATE REGISTRAR

BK- 0407

PG- 3751

