

OFFICIAL RECORD  
Requested By:  
CHRISTINE EVANCHIK

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0109 PG-1537 RPT: 0.00



APN# 1219-15-001-098

Mail tax statement to:  
When recorded mail to:  
CHRISTINE MARIE EVANCHIK  
✓ 1769 Calle Artigas  
Thousand Oaks, CA 91360

AFFIDAVIT OF DEATH OF TRUSTEE AND SETTLOR

STATE OF NEVADA            )  
  )  
COUNTY OF DOUGLAS        )        ss.

Trustee, CHRISTINE MARIE EVANCHIK, being first duly sworn upon oath,

says:

1. That Affiant is over the age of twenty one (21) years and is competent to be a witness as to the matters hereinafter stated.
2. That she is the sole Successor Trustee and sole Beneficiary of the Anna Raquel Mueller Revocable Trust, dated November 5, 2007, a notarized copy of the Trust Certification of said trust is attached hereto and made a part hereof.
3. The Decedent, Anna Raquel Mueller, was the Settlor and the Trustee of the Anna Raquel Mueller Revocable Trust named on that certain Deed recorded in Douglas County, Nevada, of all that real property situate in the County of Douglas, State of Nevada, bounded and described as follows (commonly known as 393 Tucke Circle, Gardnerville, NV 89410):

LEGAL DESCRIPTION

LOT 42, SHERIDAN ACRES UNIT NO.1 AS SHOWN ON THE OFFICIAL MAP  
RECORDED JUNE 8, 1966, BK 1, DOC NO. 32486; MARCH 3, 1978, BK 378,

PG 322, DOC NO. 18222 AND LAST RECORDED ON NOVEMBER 7, 2007,  
BK 1107, PG 2116, DOC NO. 0712720 IN THE OFFICE OF THE  
DOUGLAS COUNTY, NEVADA RECORDER

4. That the Trust was created on November 5, 2007 and the Deed transferring said property into said Trust was recorded on November 7, 2007 filed as Document No. 0712720.
5. That Anna Raquel Mueller was the identical person named as the decedent on that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof, which person died on August 29, 2008 in Douglas County, Nevada.
6. Affiant acknowledges that she understands that filing a false affidavit constitutes a felony in the State of Nevada.

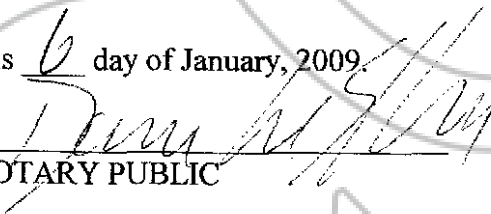
Further Affiant sayeth naught.

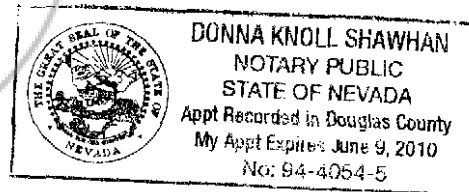
Dated this 6 day of January, 2009

  
CHRISTINE MARIE EVANCHIK, Trustee

SUBSCRIBED AND SWORN to before me

this 6 day of January, 2009

  
NOTARY PUBLIC



**CERTIFICATION**

TRUST NAME: THE ANA RAQUEL MUELLER REVOCABLE TRUST

TRUST DATE: November 5 2007

SETTLOR: ANA RAQUEL MUELLER

TRUSTEE: ANA RAQUEL MUELLER

SUCCESSOR TRUSTEE: FIRST: CHRISTINE MARIE EVANCHIK  
SECOND: GARY JON EVANCHIK

BENEFICIARY: ANA RAQUEL MUELLER

CONTINGENT BENEFICIARIES OF THE BALANCE OF THE TRUST ESTATE  
AS IDENTIFIED IN THE BODY OF THE TRUST AGREEMENT.

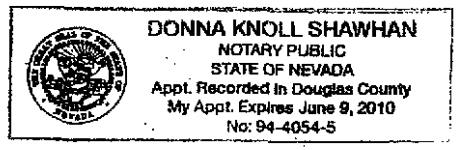
Date: November 5 2007 *Ana Raquel Mueller*  
ANA RAQUEL MUELLER

SSN ██████████-4333

State of Nevada )  
County of Douglas )

On this 5 day of November 2007, before me, the undersigned, a Notary Public in and for said County and State, personally appeared ANA RAQUEL MUELLER, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same.

Witness my hand and official seal.  
*Donna Knoll Shawhan*  
Notary Public in and for said  
County and State.



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2008013143**  
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) <b>Ana Raquel MUELLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 29, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>Yes - COLUMBIAN</b>	
7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1937</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Columbia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>4333</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>393 Tucke Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
18. FATHER - NAME (First Middle Last Suffix) <b>Lepold MORENO</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Leanora RODRIGUEZ</b>		
18a. INFORMANT - NAME (Type or Print) <b>Christine EVANCHIK</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1769 Calle Artigas Thousand Oaks, California 91360</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations-- 1575 N Lompa Ln Carson City NV 89701</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>JAMES SULLIVAN MD</b> 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) <b>September 02, 2008</b>		21c. HOUR OF DEATH <b>18:50</b>		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>JAMES SULLIVAN MD 973 Mica Drive Suite 101 Carson City, NV 89705</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 03, 2008</b>		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) <b>Respiratory Arrest - Consequence of Severe Chronic Obstructive Pulmonary Disease</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Consequence of Chronic Obstructive Pulmonary Disease</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) _____					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (d) _____					Interval between onset and death
PART II					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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			

STATE REGISTRAR



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BK- 0109  
PG- 1540

VRS-Rev-2008T

231428

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:

09/03/2008

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

PNCR0 (Rev. 1/06)

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

