

OFFICIAL RECORD

Requested By:

RACHELLE J. NICOLLE

APN: 1320-31-501-002

RECORDING REQUESTED BY:

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

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0911 PG-1952 RPTT: 0.00



AFTER RECORDING MAIL THIS

AFFIDAVIT TO:

GEORGE MARK KATSARAS, Trustee
2445 Knollwood Dr.
Cameron Park, CA 95682

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 OF DEATH OF ORIGINAL TRUSTEES AND SERVICE OF
SUCCESSOR TRUSTEE**

GEORGE MARK KATSARAS, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death of Original Trustees refers to the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994, (the "Trust") under a revocable trust agreement executed by JOSEF MUCHA and EMMA MUCHA as the Grantors and Trustees.
2. The original Grantors and Trustees of the Trust were JOSEF MUCHA and EMMA MUCHA.
3. In accordance with the terms of the Trust, I, GEORGE MARK KATSARAS, am empowered to act as the sole and current Trustee for the Trust after the incapacity, resignations, or deaths of JOSEF MUCHA and EMMA MUCHA. I hereby affirm my incumbency as the successor Trustee and now current Trustee, and declare my intention to act as the current Trustee of the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994.
4. I declare and affirm that EMMA MARIA JOHANNE MUCHA, also known as EMMA MUCHA, died on January 29, 2010. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as EMMA MUCHA, Trustee of the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994.
5. I declare and affirm that JOSEF MUCHA died on December 20, 2010. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as JOSEF MUCHA, Trustee of the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994.

6. JOSEF MUCHA and EMMA MUCHA are the named Trustees and Grantees in that certain Grant Deed, granting to JOSEF MUCHA and EMMA MUCHA, Trustees, and subsequent Trustees of the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994, all right, title and interest in the following identified real property:

APN:1320-31-501-002
Commonly Known As:.... 1684 Mackland Ave., Minden, NV 89423
Recorded On:02/28/2008
As Document Number:0718723
In Book:0208
On Page:6654
Official Records of:Douglas County, Nevada
Legal Description:Parcel 3, of Parcel Map No. 2 for STONEGATE, A LIMITED PARTNERSHIP, according to the map thereof, filed in the office of the Douglas County Recorder for the State of Nevada on January 12, 1989 in Book 189 at page 1488, as Document No. 194324.

7. The assets held under this Trust are to be held under the following title:
GEORGE MARK KATSARAS, TRUSTEE
JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994

8. The JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

9. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the JOSEF & EMMA MUCHA REVOCABLE TRUST U/D/T 2/23/1994, including, but not limited to, the above-described real property, including any portion thereof.

10. I make this affirmation under penalty of perjury on September 9th, 2011.

George Mark Katsaras
GEORGE MARK KATSARAS,
Successor and Current Trustee
Josef & Emma Mucha Revocable Trust U/D/T 2/23/1994

JURAT

State of Nevada)
County of Douglas)

Subscribed and Sworn to (or affirmed) before me, on September 9, 2011, by
GEORGE MARK KATSARAS.

Signature Susan C. Happe
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010001367
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) Emma Maria Johanne MUCHA		2. DATE OF DEATH (Mo/Day/Year) January 29, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR -MOS. DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 01, 1920		9a. STATE OF BIRTH (if not U.S.A. name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Josef MUCHA	
13. SOCIAL SECURITY NUMBER [REDACTED] 9302		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Assembler		14b. KIND OF BUSINESS OR INDUSTRY Home Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1684 Mackland Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Karl SCHUETT			17. MOTHER - NAME (First Middle Last Suffix) Johanne FUHRBERG		
18a. INFORMANT - NAME (Type or Print) Josef MUCHA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1684 Mackland Ave 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 (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED VIJAY MAIYA			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) February 01, 2010		21c. HOUR OF DEATH 16:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2010		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) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Cerebrovascular Accident					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atherosclerotic Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II				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	

STATE REGISTRAR



BK- 0911
PG- 1954
0789426 Page: 3 Of 4 09/13/2011

VRS-Rev-20090602

313903

CERTIFIED COPY OF VITAL RECORDS

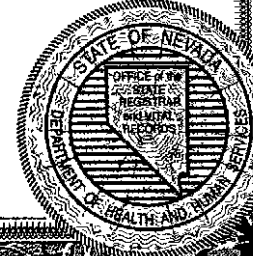
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 02/03/2010

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

PBNCO (REV.) 11/06

Rod White
SIGNATURE AUTHENTICATED



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2010019555

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) Josef MUCHA		2. DATE OF DEATH (Mo/Day/Year) December 20, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) 1684 Mackland Ave		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1925		9a. STATE OF BIRTH (If not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 9303		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Master Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1684 Mackland Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Josef MUCHA			17. MOTHER - NAME (First Middle Last Suffix) Klara LONGNER		
18a. INFORMANT- NAME (Type or Print) George KATSARAS			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1684 Mackland Ave 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 (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville, NV. 89410	
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) ROBERT J FLIEGLER M.D. 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) December 21, 2010		21c. HOUR OF DEATH 03:46		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) Robert J Fliegler M.D. 206 N Curry Street Carson City, NV 89703				23b. LICENSE NUMBER 9310	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2010		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). Interval between onset and death					
PART I:					
(a) Failure to Thrive					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(b) Anorexia					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) Dementia					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) Unknown					
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	

STATE REGISTRAR



BK- 0911
PG- 1955

0789426 Page: 4 Of 4 09/13/2011

366448

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:

DEC 30 2010

STATE REGISTRAR

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

