

APN# : 1220-04-112-037

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Harold Matsler

1554 S. Java Ave #241

Pahrump, NV 89408

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

*A. Jansse*

Print name

Title

A. Jansse

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

APN: 1320-29-212-027

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Harold G. Matsler  
1554 S. Java Ave. #241  
Pahrump, NV 89408

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NV)  
COUNTY OF Nye) SS.

Harold G. Matsler, Trustee, of legal age, being first duly sworn, deposes and says:

Margaret L. Matsler is the decedent mentioned in the attached certified copy of Certificate of Death, as Margaret L. Matsler is the same person named as Trustee in that certain Declaration of Trust, executed by Harold G. Matsler and Margaret L. Matsler, Trustees of the Matsler Family Trust Agreement dated October 24, 2013.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Harold G. Matsler and Margaret L. Matsler, husband and wife as joint tenants, Grantor, Grants to Harold G. Matsler and Margaret L. Matsler, Trustees of the Matsler Family Trust Agreement dated October 24, 2013, Grantee recorded on 02/19/2014, as Book 0214, at Page 3188 of Instrument No. 838511 in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached hereto and made a part hereof.

**Assessor's Parcel Number(s):**

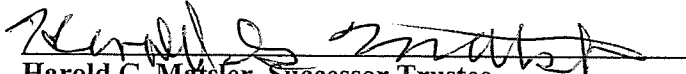
**1220-04-112-037**

Commonly known as: 1324 Kingslane Court, Gardnerville, NV 89410

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated August 26, 2015

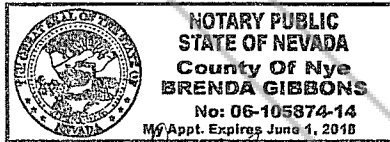
The Matsler Family Trust Agreement dated October 24, 2013

  
Harold G. Matsler, Successor Trustee

STATE OF Nevada,  
COUNTY OF Nye

Subscribed and sworn to (or affirmed) before me on this 20 day  
of August, 2015, by Harold G. Matsler, Successor Trustee personally  
known to me or proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

(seal)



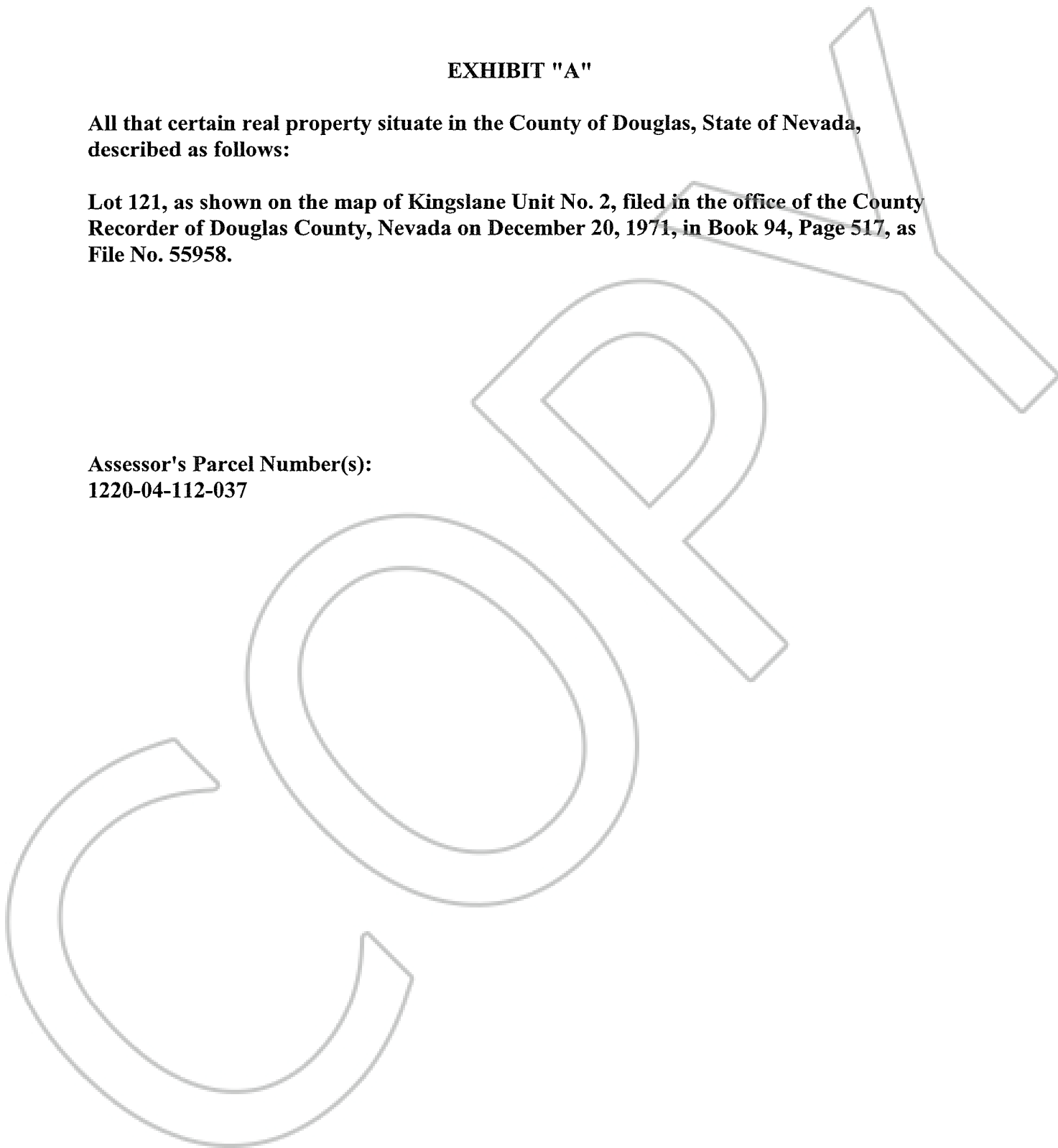
Signature   
Notary public

**EXHIBIT "A"**

**All that certain real property situate in the County of Douglas, State of Nevada,  
described as follows:**

**Lot 121, as shown on the map of Kingslane Unit No. 2, filed in the office of the County  
Recorder of Douglas County, Nevada on December 20, 1971, in Book 94, Page 517, as  
File No. 55958.**

**Assessor's Parcel Number(s):  
1220-04-112-037**



STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2014022099

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) Margaret Lucille MATSLER		2. DATE OF DEATH (Mo/Day/Year) December 11, 2014		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) Inspirations/ProCare Hospice Residential Care Facility		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Harold Gene MATSLER		8. DATE OF BIRTH (Mo/Day/Yr) September 22, 1927	
13. SOCIAL SECURITY NUMBER [REDACTED] 8367		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Housewife		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN OR LOCATION Pahrump	
15d. STREET AND NUMBER 1554 Java Street #235		15e. INSIDE CITY LIMITS (Specify Yes or No) No		14c. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles SPOTTS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie CASEY		
18a. INFORMANT - NAME (Type or Print) Harold G MATSLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1554 Java Street, #235 Pahrump, Nevada 89048			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Pahrump Crematory		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TIMOTHY M WILMETH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 827		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
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) EDSON ERKULVRAWATR 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 16, 2014		21c. HOUR OF DEATH 06:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Edson Erkulvrawatr M.D. 6950 W Desert Inn Las Vegas, NV 89117				23b. LICENSE NUMBER 12262	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2015		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) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Etiology Unknown					
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 I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED 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

3803222

560702

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:

1/13/2015

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

STATE REGISTRAR  
*Rhonda Pena*  
 SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

