

APN# : 1220-16-110-001

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Larry H. Mugar, Jr.  
6997 W. Morning Dove Dr.  
Glendale, AZ  
85308

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

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

(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

*M. Simpson*  
Michelle Simpson

Escrow Assistant

**Affidavit - Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

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## AFFIDAVIT – DEATH OF TRUSTEE

Larry H. Mugar, Jr., of legal age, being first duly sworn, deposes and says:

1. Karen S. Mugar, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Karen S. Mugar named as Trustee in the Declaration of Trust dated 11/3/2000 and executed by Larry H. Mugar, Sr. and Karen S. Mugar as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 993 Springfield Dr. Gardnerville, NV 89460, which property is described in a Deed which was executed by Larry Silveira and Debbie Silveira, Husband and Wife as Grantor(s) on October 10, 2005 and recorded as Instrument No. 658583, in Book 1005, Page 10520, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

Lot 1, Block C, as shown on the Final Map of PLEASANTVIEW SUBDIVISION PHASE I, filed in the office of the County Recorder of Douglas County, State of Nevada on April 6, 1990, in Book 490, Page 916, as Document No. 223488.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

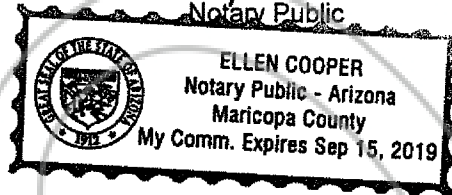
Dated 4-12-2017

*Larry H. Mugar Jr.*  
Larry H. Mugar, Jr., Successor Co-Trustee

~~ARIZONA~~  
STATE OF NEVADA }SS  
COUNTY OF Maricopa

This instrument was acknowledged before me on  
4-12-2017  
By Larry H. Mugar, Jr.

*Ellen Cooper*  
Notary Public



**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

**STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH**

State File No. 102-2010-008440

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) KAREN SUE MUGAR		2. AKAS (IF ANY)		3. DATE OF DEATH MARCH 08, 2010	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED] 4190	6. DATE OF BIRTH 11-23-1947	7. AGE 62	8. UNDER 1 YEAR 8. MONTHS    9. DAYS    10. HOURS    11. MINUTES	
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 5013 W DESERT HOLLOW DR		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH PHOENIX 85083		16. COUNTY OF DEATH MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SPRINGFIELD, ILLINOIS		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) LARRY MUGAR	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 5013 W DESERT HOLLOW DR.		21. CITY AND COUNTY PHOENIX, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85083
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION OFFICE MANAGER		24. EVER IN THE U.S. ARMED FORCES? NO			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) KEN KRAUSS		30. MOTHER'S NAME (FIRST, MIDDLE & LAST; NAME PRIOR TO FIRST MARRIAGE) DARLENE HOUSE			
31. INFORMANT'S NAME LARRY MUGAR		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS 5013 W DESERT HOLLOW DR., PHOENIX, ARIZONA 85083	
34. NAME AND ADDRESS OF FUNERAL FACILITY CHAPEL OF THE CHIMES 7924 N 59TH AVE GLENDALE, AZ		35. FUNERAL DIRECTOR NED RALTIZER		36. LICENSE NUMBER F1259	
37. METHOD(S) OF DISPOSITION CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY WESTSIDE CREMATORY, YOUNGTOWN, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE	
<b>MEDICAL CERTIFICATION SECTION</b>					
IMMEDIATE CAUSE OF DEATH 40. A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE		41. APPROXIMATE INTERVAL UNKNOWN		42. B.	
DUE TO OR AS A CONSEQUENCE OF:		43. APPROXIMATE INTERVAL		44. C.	
DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL		46. D.	
DUE TO OR AS A CONSEQUENCE OF:		47. APPROXIMATE INTERVAL		48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE	
49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH	
53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
55. NAME OF PERSON COMPLETING CAUSE OF DEATH FRANC BRODAR, M.D.		56. DATE CERTIFIED 03-09-2010		57. NAME OF REGISTRAR MICHELE CASTANEDA-MARTINEZ	
58. DATE REGISTERED 03-16-2010		59. CERTIFIER'S ADDRESS 2122 E HIGHLAND AVE PHOENIX, AZ 85016			

Date issued: 03-17-2010

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*  
**PATRICIA ADAMS**  
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and Impressed with the raised seal of the Issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

