

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)**

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

(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. Larry H. Mugar, Sr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Larry H. Mugar, Sr. 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

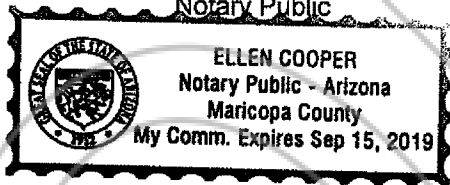
Dated 4-12-2014

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  
4-12-2014  
By Larry H. Mugar, Jr.

Ellen Cooper  
Notary Public



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

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

State File NO. 102- 2017-008121

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>LARRY HAIG MUGAR</b>			2. AKA'S (IF ANY)			3. DATE OF DEATH <b>02/21/2017</b>											
4. SEX <b>MALE</b>		5. SOCIAL SECURITY NUMBER: <b>8155</b>		6. DATE OF BIRTH <b>04/08/1940</b>		7. AGE <b>76</b>		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): <b>10834 N 11TH ST</b>						15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>PHOENIX 85020</b>				16. COUNTY OF DEATH: <b>MARICOPA</b>							
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LONG BEACH, CALIFORNIA</b>						18. MARITAL STATUS AT TIME OF DEATH: <b>WIDOWED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)									
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>10834 N 11TH ST</b>				21. CITY AND COUNTY: <b>PHOENIX, MARICOPA</b>		22. STATE <b>ARIZONA</b>		23. ZIP CODE <b>85020</b>		24. EVER IN THE ARMED FORCES <b>NO</b>							
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)			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 <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:											
28. OCCUPATION: <b>PAINTER</b>			29. FATHER'S NAME (FIRST, MIDDLE, LAST): <b>HAIG ALBERT MUGAR</b>			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): <b>GRETTA AHART</b>			31. INFORMANT'S NAME <b>JAY MUGAR</b>			32. RELATIONSHIP: <b>SON</b>			33. INFORMANT'S MAILING ADDRESS: <b>6997 W MORNING DOVE, GLENDALE, ARIZONA 85308</b>		
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>CHAPEL OF THE CHIMES 7924 N 59TH AVE, GLENDALE, AZ</b>						35. FUNERAL DIRECTOR: <b>TIFFANY BENNISH, FUNERAL DIRECTOR</b>			36. LICENSE NUMBER: <b>F1398</b>								
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>GREENWOOD MEMORY LAWN CREMATORY, PHOENIX, ARIZONA</b>			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>											
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>																	
IMMEDIATE CAUSE OF DEATH		40. A <b>ACUTE RESPIRATORY FAILURE</b>						41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>									
DUE TO OR AS A CONSEQUENCE OF:		42. B <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>						43. APPROXIMATE INTERVAL: <b>UNKNOWN</b>									
DUE TO OR AS A CONSEQUENCE OF:		44. C						45. APPROXIMATE INTERVAL:									
DUE TO OR AS A CONSEQUENCE OF:		46. D						47. APPROXIMATE INTERVAL:									
<b>CAUSE OF DEATH PART II</b>																	
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:					49. INJURY?: <b>NO</b>		50. INJURY AT WORK?: <b>NO</b>		51. MANNER OF DEATH: <b>NATURAL DEATH</b>		52. TIME OF DEATH: <b>2248</b>						
					53. WAS AN AUTOPSY PERFORMED?: <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?										
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>																	
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>JOHN J. WILLIAMS, M.D.</b>				56. DATE CERTIFIED: <b>02/22/2017</b>									
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.				57. CERTIFIER'S ADDRESS: <b>1510 E. FLOWER ST., BLDG 2 PHOENIX, AZ 85014</b>				58. NAME OF REGISTRAR: <b>MICHELE CASTANEDA-MARTINEZ</b>				59. DATE REGISTERED: <b>03/03/2017</b>					

DATE ISSUED: 03/02/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
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 CERTIFICATE

J0047010