



00139810202109719050060060

KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: _____

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit of Death of Trustee

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

[Handwritten Signature]

Signature

Linda Mueller

Printed Name

This document is being (re-)recorded to correct document # _____ and is correcting

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Laura Rose Nelson
Becker Nelson Center & James
263 Main Street
Placerville, CA 95667

MAIL TAX STATEMENTS TO:

Linda J. Mueller
P.O. Box 18754
South Lake Tahoe, CA 96151

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

APN: 1320-12-000-005 & 1320-12-000-0004

STATE OF CALIFORNIA, County of El Dorado:

I, Linda J. Mueller, trustee of the trust described below, swear and affirm that the following is true and correct:

1. TRUST. By instrument dated September 5, 2013, James F. Mueller and Linda J. Mueller, husband and wife, as Settlor, signed a DECLARATION OF TRUST entitled the "Mueller Family Trust." The trust is an existing and valid trust.
2. ORIGINAL TRUSTEE JAMES F. MUELLER, DECEASED. As shown on the attached Certified Certificate of Death, Settlor and original trustee James F. Mueller died at date and place as follows:

Name:	James F. Mueller
Date of Death:	February 5, 2021
Place:	Houston, TX


3. ACCEPTANCE. Pursuant to the terms of the Trust, I, Linda J. Mueller, am the sole currently-acting trustee of the Mueller Family Trust.
4. REAL PROPERTY. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 21, 2019 as Document Number 2019-936890 in the Official Records of the Office of the Douglas County Recorder, covering the following described real property situated in the said County, State of Nevada:

**SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF FOR
LEGAL DESCRIPTION.**

(i) RELIANCE. This Affidavit is evidence of the appointment and incumbency of Linda J. Mueller, trustee, and may be relied upon in dealing with the trustee.

I hereby certify that the foregoing is true and correct.

Dated: May 20, 2021



Linda J. Mueller, Trustee of the Mueller Family
Trust dated September 5, 2013

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of El Dorado)

Subscribed and sworn to (or affirmed) before me on this 20th day of May, 2021, by Linda J. Mueller, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature _____

Exhibit A

PARCEL 1:

A parcel of land located within the Southwest one-quarter of the Southeast one-quarter of Section 12, Township 13 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the South one-quarter corner of said Section 12 as shown on the Record of Survey Map filed within the Official Records of Douglas County, Nevada as Book 1083, Page 3491, Document No. 89985;

Thence N. $0^{\circ}08'19''$ E., 1322.12 feet to the Center-South one-sixteenth corner of Section 12;

Thence S. $89^{\circ}19'48''$ E., 750.42 feet;

Thence S. $18^{\circ}36'53''$ E., 1398.40 feet to a point on the South line of Section 12;

Thence N. $89^{\circ}25'53''$ W. 1200.00 feet to the Point of Beginning.

Together with easements as shown on the Record of Survey Map filed as Book 1280, Page 1510, Document No. 51917.

This legal description adjusts the position and configuration of Parcel 47A as shown on said Record of Survey Map No. 51917 to make it consistent with the subsequent sectional breakdown of Section 12 as shown on Map No. 89985.

APN: 1320-12-000-004

PARCEL 2:

A parcel of land located within a portion of the South one-half of the Southeast one-quarter of Section 12, Township 13 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, being more particularly described as follows:

BEGINNING at the Southeast corner of said Section 12 as shown on the Record of Survey Map filed within the Official Records of Douglas County, Nevada as Book 1083, Page 3491, Document No. 89985;

Thence N. $89^{\circ}25'53''$ W., 1421.36 feet along the Southerly line of Section 12;

Thence N. $18^{\circ}36'53''$ W., 1398.40 feet;

Thence S. $89^{\circ}19'48''$ E., 1879.15 feet to a point on the Easterly line of Section 12;

Thence S. $0^{\circ}29'37''$ W., 1317.43 feet to the Point of Beginning.

Together with easements as shown on the Record of Survey Map filed as Book 1280, Page 1510, Document No. 51917.

This legal description adjusts the position and configuration of Parcel 47B as shown on said Record of Survey Map No. 51917 to make it consistent with the subsequent sectional breakdown of Section 12 as shown on Map No. 89985.

SPACE BELOW FOR RECORDER

APN: 1320-12-000-005

NOTE: Above legal descriptions were previously recorded in Quitclaim Deed recorded January 13, 1984, in Book 184, Page 919, as Document No. 94180, Official Records, Douglas County, Nevada.

COPY

SPACE BELOW FOR RECORDER

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Feb 07 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-024451

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JAMES FRANCIS MUELLER						FEBRUARY 5, 2021	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country)
MALE	SEPTEMBER 2, 1958	62					ENCINO, CA
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		
5878		<input checked="" type="checkbox"/> Married (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			LINDA JEAN BURKE		
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN		
584 SHOSHONE ST.					SOUTH LAKE TAHOE		
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
EL DORADO		CALIFORNIA		96150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
ALBERT HEBERT JOSEPH MUELLER				ARDITA LOUISE WILLIAMS			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL:				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)			16. FACILITY NAME (If not institution, give street address)		
HARRIS		HOUSTON, 77030			MD ANDERSON CANCER CENTER		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
LINDA MUELLER - WIFE				584 SHOSHONE ST., SOUTH LAKE TAHOE, CA 96150			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21.			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		ROBERT CLAYTON DIPPEL, BY ELECTRONIC SIGNATURE - 118257		<input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
BRADSHAW-CARTER CREMATORY				HOUSTON, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
BRADSHAW-CARTER FUNERAL HOME				1734 W. ALABAMA, HOUSTON, TX 77098			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.							
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)	
MIKEL A ETCHEGARAY-LANGLEY, BY ELECTRONIC SIGNATURE		FEBRUARY 7, 2021		R5259		10:29 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
MIKEL A ETCHEGARAY-LANGLEY 1515 HOLCOMBE BLVD, HOUSTON, TX 77030						MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.							Approximate interval Onset to death
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. COVID 19		Due to (or as a consequence of):		2W
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST		b. CLL		Due to (or as a consequence of):		2Y
			c.		Due to (or as a consequence of):		
			d.		Due to (or as a consequence of):		
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.				SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		34. WAS AN AUTOPSY PERFORMED?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
				Tara Das			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 198, 198a)

Q A 1 8 4 4 7 9 1 6

VS-112 REV 1/2006

MIC

EDR NUMBER 00004444956392

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Feb 23 2021

Tara Das
TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

