

APN# _____

Recording Requested by/Mail to:

Name: _____

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00139811202109719060030037

KAREN ELLISON, RECORDER

Affidavit of Death of ^{Joint Tenant} ~~Wasted~~

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, Esq.
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

APN: 1318-15-611-059

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT


I, **Linda J. Mueller**, being duly sworn, say:

I am 18 years of age or over. The decedent described in the attached certified copy of Certificate of Death is the same person as James F. Mueller, who is named as one of the parties in the deed dated September 29, 2020, executed by Allen Mark Silver and Chama Elyse Silver, Trustees of Allen Mark Silver and Chama Elyse Silver, Trustees of the Silver Family Trust dated February 22, 1996, to James F. Mueller and Linda J. Mueller, the undersigned, husband and wife as joint tenants, recorded on October 6, 2020 as Document number 2020-953977 in the Official Records of the Office of the Douglas County Recorder, covering the real property situated in the County of Douglas, State of Nevada, and described as follows:

Lot 7, in Block B of Round Hill Village #4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 25th, 1966, as Document No. 31837.

Assessors Parcel No.: 1318-15-611-059

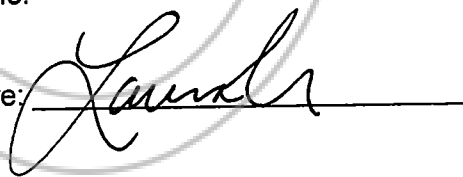
Dated: May 20, 2021


Linda J. Mueller, Affiant

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.

Signature: 


LAURA ROSE NELSON
COMM. #2203808
NOTARY PUBLIC - CALIFORNIA
EL DORADO COUNTY
My Comm. Exp. July 11, 2021

(SEAL)

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) JAMES FRANCIS MUELLER		(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) FEBRUARY 5, 2021	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 2, 1958	5. AGE-Last Birthday (Years) 62	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) ENCINO, CA
7. SOCIAL SECURITY NUMBER 5878		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) LINDA JEAN BURKE	
10a. RESIDENCE STREET ADDRESS 584 SHOSHONE ST.			10b. APT. NO.	10c. CITY OR TOWN SOUTH LAKE TAHOE	
10d. COUNTY EL DORADO		10e. STATE CALIFORNIA		10f. ZIP CODE 96150	10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE ALBERT HEBERT JOSEPH MUELLER			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE ARDITA LOUISE WILLIAMS		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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 HARRIS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) HOUSTON, 77030		16. FACILITY NAME (If not institution, give street address) MD ANDERSON CANCER CENTER	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED LINDA MUELLER - WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 584 SHOSHONE ST., SOUTH LAKE TAHOE, CA 96150		
19. METHOD OF DISPOSITION <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)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ROBERT CLAYTON DIPPEL, BY ELECTRONIC SIGNATURE - 118257		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) BRADSHAW-CARTER CREMATORY			23. LOCATION (City/Town, and State) HOUSTON, TX		
24. NAME OF FUNERAL FACILITY BRADSHAW-CARTER FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 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 MIKEL A ETCHEGARAY-LANGLEY, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) FEBRUARY 7, 2021	29. LICENSE NUMBER R5259	30. TIME OF DEATH (Actual or presumed) 10:29 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MIKEL A ETCHEGARAY-LANGLEY 1515 HOLCOMBE BLVD, HOUSTON, TX 77030				32. TITLE OF CERTIFIER 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. COVID 19		Approximate Interval Onset to death 2W	
Due to (or as a consequence of):		b. CLL		2Y	
Due to (or as a consequence of):		c.			
Due to (or as a consequence of):		d.			
PART 2. ENTER OTHER CAUSE GIVEN IN PART I.			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <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	
39. IF TRANSPORTATION INJURY, SPECIFY: <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? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
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 <i>Tara Das</i>			

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. 195.198B)
 VS-112 REV 1/2006
 GA18447918

EDR NUMBER 00044444956392

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

