

APN: 1220-16-610-037



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
RENEE A. TUCKER &
THERESA K. WEAVER, Co-Trustees
1393 Jobs Peak Dr.
Gardnerville, NV 89460

The undersigned hereby affirms that the document
Submitted for recording **DOES** contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/GRANTOR OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

WE, RENEE A. TUCKER and THERESA K. WEAVER (fka THERESA K. FLODIN),
being of legal age, and being of sound mind and body, hereby swear (or affirm) under penalty
of perjury, that the following is true of our own personal knowledge:

That MARY ANNETTE MULLER, the Decedent mentioned in the attached certified
copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and
incorporated herein by reference, is the same person as MARY ANNETTE MULLER,
Settlor/Grantor of the *Muller Family Trust, dated December 20, 1988*, and any amendments
thereto, named as Grantor in that certain *Grant, Bargain, Sale Deed* executed on March 22,
2002, by Thomas W. Naucke, Jr., and Linda D. Naucke, Grantees, and recorded on March 28,
2002, as Document No. 0538202 of Official Records of Douglas County, State of Nevada,
which *Grant, Bargain, Sale Deed* pertains to property situated at 1393 Jobs Peak Dr.,
Gardnerville, County of Douglas, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"
AND INCORPORATED BY REFERENCE**

Pursuant to NRS 111.312, the above legal description was previously recorded in the *Grant,
Bargain, Sale Deed* recorded as Document No. 0538202 of Official Records of Douglas
County, State of Nevada, on March 28, 2002.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

RENEE A. TUCKER and THERESA K. WEAVER (fka THERESA K. FLODIN) shall forthwith serve as Successor Co-Trustees of the *Muller Family Trust, dated December 20, 1988*, and any amendments thereto.

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

Dated: August 17, 2023.

*Muller Family Trust, dated December 20, 1988,
and any amendments thereto*

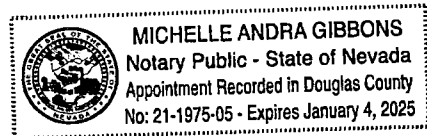
Renee A. Tucker
RENEE A. TUCKER, Successor Co-Trustee/Co-Trustee

Theresa K. Weaver
THERESA K. WEAVER, Successor Co-Trustee/Co-Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On August 17, 2023, before me, a Notary Public, personally appeared RENEE A. TUCKER and THERESA K. WEAVER (fka THERESA K. FLODIN), personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

Michelle Andra Gibbons
Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 166, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as Filing No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

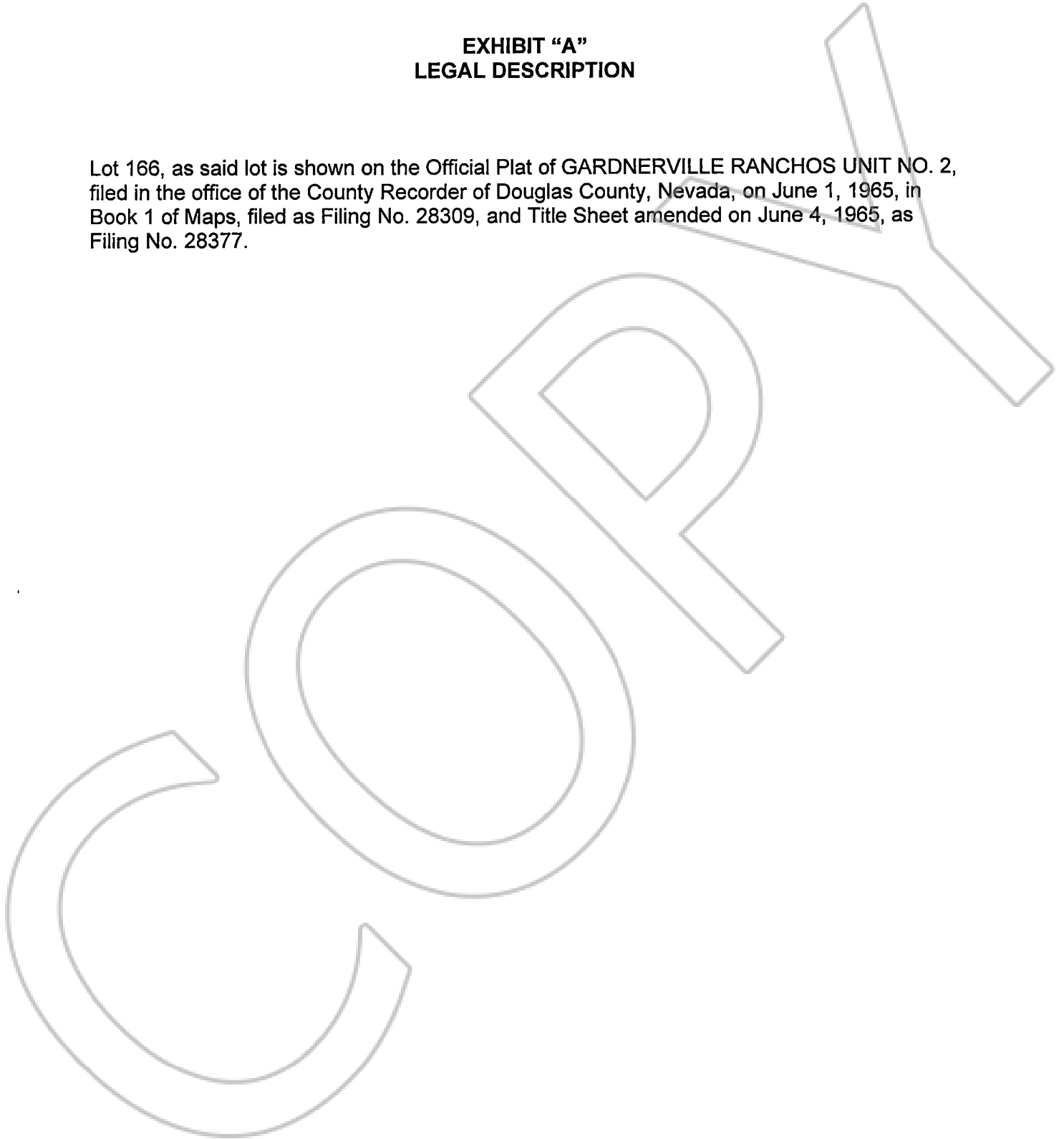




EXHIBIT 1

*Nevada Certificate of Death for MARY ANNETTE MULLER
Date of Death: January 31, 2023*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4331661

CERTIFICATE OF DEATH

2023002263
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) Mary Annette MULLER		2. DATE OF DEATH (Mo/Day/Year) January 31, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) November 30, 1931	
13. SOCIAL SECURITY NUMBER ██████████ 1173		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Public Schools	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1393 Jobs Peak Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas HURST			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes AHERN		
18a. INFORMANT- NAME (Type or Print) Renee TUCKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1393 Jobs Peak Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
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) DAVID M BAKER MD 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) February 06, 2023		21c. HOUR OF DEATH 02:52		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David M Baker MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 11681	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 06, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Heart Failure With Preserved Ejection Fraction				Interval between onset and death Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension				Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown Etiology				Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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, HOM., UNDET. 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	



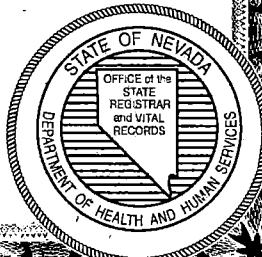
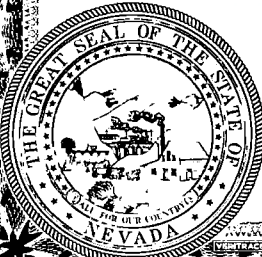
CERTIFIED COPY OF VITAL RECORDS

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: **2/7/2023**

Jan Skyles
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE