

DOUGLAS COUNTY, NV

2024-1007553

Rec:\$40.00

\$40.00

Pgs=4

05/10/2024 08:36 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-29-110-041

Escrow No.: 24041114-SA

Recording Requested By:  
First Centennial Title Company of Nevada  
1352 Hwy 395, Ste 114  
Gardnerville, NV 89410

When Recorded Return to:  
First Centennial Title Company of Nevada  
1352 Hwy 395, Ste 114  
Gardnerville, NV 89410

Mail Tax Statements to:  
Toren Lafler and Marianne Patino  
2584 Fountain Ave  
South Lake Tahoe, CA 96150

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT- DEATH OF TRUSTEE**

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law: NRS 440.380(1)(a) NRS 40.525(5).

Cynthia Haggard  
SIGNATURE

Escrow Assistant  
TITLE

Cynthia Haggard  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1320-29-110-041  
Escrow No. 24041114-SA

When Recorded Return to:  
Stacy Jean Grover, Successor Trustee of Muller  
Revocable Living Trust #1781 Dated 14th day of  
March 2017  
4441 Descent CT  
Sparks, NV 89436

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

Stacy Jean Grover, of legal age, being duly sworn, deposes and says

That Sharon Jean Muller the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Sharon Jean Muller named as one of the parties in that certain Quitclaim Deed dated March 14, 2017 executed by Sharon J. Muller, divorced and not since remarried to Muller Revocable Living Trust #1781 dated 14th day of March 2017 recorded as Instrument No. 2017-895936 on March 14, 2017 Official Records of Douglas County, Nevada, covering the following described property.

Lot 441, in Block D, of Winhaven, Phase 8, a Planned Unit Development, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 11th, 1997, as Document No. 421412.

Assessors Parcel No.: 1320-29-110-041

Muller Revocable Living Trust #1781 Dated 14th day of March 2017

*Stacy Jean Grover*

Stacy Jean Grover, Successor Trustee

Dated: 4/29/2024

STATE OF Nevada

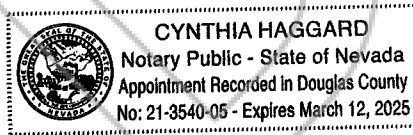
COUNTY OF Douglas

This instrument was acknowledged before me on this 29 day of April, 2024, by

Stacy Jean Grover.

*Cynthia Haggard*

Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4227361

**CERTIFICATE OF DEATH**

2021018128  
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) <b>Sharon Jean MULLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 29, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) <b>1781 Lantana Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No = Non-Hispanic	
7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 12, 1950</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-6917</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1781 Lantana Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Henry DOWD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jean KWIECIEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Stacy GROVER</b>		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>4441 Descent Court Sparks, Nevada 89436</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>B A BOTTENBERG DO</b>			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) <b>August 04, 2021</b>		21c. HOUR OF DEATH <b>15:52</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>B A BOTTENBERG DO, 550 W Washington #1 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 04, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Chronic Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Tobacco Use Disorder</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I: <b>Protein Calorie Malnutrition</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



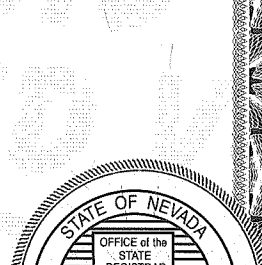
**CERTIFIED COPY OF VITAL RECORDS**

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: **8/11/2021**

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