

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

IN RE THE GENERAL
ADJUDICATION OF ALL RIGHTS
TO USE WATER IN THE GILA
RIVER SYSTEM AND SOURCE

W-1, W-2, W-3, W-4 (Consolidated)

Contested Case No. W1-11-2619

NOTICE OF RETURNED DOCUMENTS

CONTESTED CASE NAME: *In re George and Nancy Muller*

HSR INVOLVED: San Pedro River Watershed Hydrographic Survey Report

DESCRIPTIVE SUMMARY: Documents filed with the Maricopa County Clerk returned to Claimant.

NUMBER OF PAGES: 15

DATE OF FILING: October 22, 2020

At the Status Conference held on September 25, 2020, Mrs. Nancy Muller was ordered to file an assignment of Statement of Claimant. Mrs. Muller timely filed the documents attached as Attachment A, however, the documents were filed with the Clerk of the Maricopa County Superior Court. The documents must be filed with Arizona Department of Water Resources. Accordingly, the documents are being returned so that they can be filed with the proper agency. The mailing address is:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28


Arizona Department of Water Resources
Adjudication Program
1110 W. Washing Street, Suite 310
Phoenix, Arizona 85007

Additional assistance with filing the documents may be obtained from Ana M. Marquez at the Arizona Department of Water Resources. Ms. Marquez can be contacted at 1.866.549-1414 (toll-free telephone number).



SUSAN WARD HARRIS
Special Master

On October 22, 2020, the original of the foregoing was delivered to the Clerk of the Maricopa County Superior Court for filing and distributing a copy to all persons listed on the Court-approved mailing list for this contested case.



Durina Farrall

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

ATTACHMENT A

OCT 21 2020

STATEMENT OF CLAIMANT
"39"
ASSIGNMENT
Gila River Adjudication
SUPERIOR COURT OF MARICOPA COUNTY

By court order, a statement of claimant must be assigned whenever there is a change in ownership of land for which the claim for a water right was made, or there is a change in ownership of the water right that is either not appurtenant to land or that has been transferred from one parcel of land to another. This form is to be used to assign statements of claimant ("39s") filed in the general adjudication of the Gila River System and Source, which includes the Salt River, San Pedro River, Upper Gila River, Verde River, Agua Fria River, Lower Gila River and Upper Santa Cruz River watersheds. After the assignment is completed, the new owner will be substituted as a party in the Gila River adjudication.

GENERAL INSTRUCTIONS

Each side of this form must be completed, signed by each buyer and seller, and notarized. The name, address and phone number for each buyer and seller must also be provided. If necessary, additional copies of this form may be attached.

A copy of a legal document that establishes that a change of ownership has occurred must be submitted with this form. This requirement may be satisfied by providing either a copy of a duly recorded deed, a copy of the county assessor's tax parcel notice, or other similar document.

More than one statement of claimant may be assigned on a single form if the assignors (sellers) and assignees (buyers) are identical. Otherwise, a separate form must be submitted. For example, if the ownership of the land or the water right is subdivided and conveyed to different buyers, then a separate form must be completed for each of the different buyers.

After this form is completed, please submit it to the **Arizona Department of Water Resources, Attention: Adjudications, P.O. Box 36020, Phoenix, AZ 85067-6020**. The Department will record the assignment and forward this form to the Superior Court of Maricopa County. If you have any questions regarding this form, please contact the Arizona Department of Water Resources at (866) 246-1414.

ASSIGNMENT

The undersigned parties hereby notify the Superior Court of Maricopa County of the assignment of the following statements of claimant:

- 39- 25 07 filed in the SAN PEDRO watershed.
- 39- _____ filed in the _____ watershed.
- 39- _____ filed in the _____ watershed.
- 39- _____ filed in the _____ watershed.
- 39- _____ filed in the _____ watershed.

Type of legal document enclosed to establish a change of ownership:



Recorded Deed (date, file number, county)

4-2-97, 10515-3912392, PIMA CNTY

Tax Parcel Notice (date, county)

Other (date, description)

ASSIGNOR (seller):

PATSY RUTH MULLER

Name (printed or typed)

103 4TH ST.

Address

MAMMOTH, AZ 85648

520-487-2276

Telephone

Patsy Ruth Muller

Signature

ASSIGNEE (buyer):

NANCY LEE MULLER

Name (printed or typed)

2722 W DIAMOND ST

Address

TUCSON AZ 85705

520-612-7846

Telephone

Nancy Lee Muller

Signature

STATE OF ARIZONA)

County of PIMA)

STATE OF ARIZONA)

County of PIMA)

The foregoing instrument was acknowledged and signed before

me this 5 day of

OCTOBER, 20 20 by PATSY RUTH MULLER

The foregoing instrument was acknowledged and signed before

me this 09TH day of

OCTOBER, 20 20 by NANCY LEE MULLER

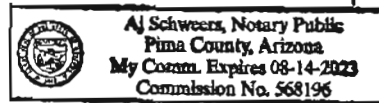
Nancy Lee Muller

[Signature] Notary Public

[Signature] Notary Public

My commission expires: 10/17/2021

My commission expires: 08/14/2023



F. ANN RODRIGUEZ, RECORDER
RECORDED BY: KLK
DEPUTY RECORDER
0681 ROOE



DOCKET: 10515
PAGE: 391
NO. OF PAGES: 2
SEQUENCE: 97049308
A 04/02/97
JTDEED 10:35:00

W
GEORGE W MULLER
HCI BOX 935

MAIL
AMOUNT PAID \$ 12.00

BENSON AZ 85602

City/State/Zip Code: 85602

Space above this line for Recorder's use

QUITCLAIM DEED TO JOINT TENANCY

KNOW ALL MEN BY THESE PRESENTS:

That I(we), ROBERT F. MULLER AND PATSY R. MULLER, husband and wife,
the undersigned grantor(s), for the consideration
of Ten Dollars (\$10.00) and other valuable considerations, do hereby release, remise and forever
quitclaim unto GEORGE W. MULLER AND NANCY LEE MULLER, husband and wife

the Releasee(s), as joint tenants with rights of survivorship, all rights, title and interest in that certain Real
Property situated in PIMA County, State of ARIZONA

and legally described as follows: Parcel 10 - All that portion of the NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sect.
10 lying West of the following described line: beginning at a point 563'E.
of the NW corner of said NE $\frac{1}{4}$ NE $\frac{1}{4}$ run thence S11°32'W. 432.2', thence S.55°E.
584'; thence S.19°E. to a point in the S.line of said NE $\frac{1}{4}$ NE $\frac{1}{4}$. Together with
an easement for ingress, egress and utilities over, under and across the S.
30 of the SE $\frac{1}{4}$ SW $\frac{1}{4}$ SECT. 3, the S.30' of the SW $\frac{1}{4}$ SE $\frac{1}{4}$ sect.3 and the N 30'
of the NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sect 10 all in T.11S. R.18E. G.&S.R.B.&M.,
Unimproved acreage.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) and seal this _____ day of
_____ 19 _____.

Witness (if required under State Laws) _____
Witness (if required under State Laws) _____
Robert F. Muller Releasor
Patsy Ruth Muller Releasor

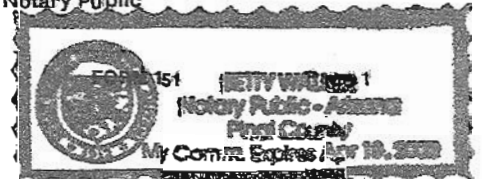
State of ARIZONA)
County of PINAL) ss.

ACKNOWLEDGMENT

On this 31st day of March, 1997, before me, the undersigned Notary
Public, personally appeared Robert f. Muller and Patsy R. Muller

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.

My Commission Expires: 4-18-2000
Betty Walker
Notary Public



STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2018-038444

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) ROBERT, FRANKLIN, MULLER		2. AKA'S (IF ANY)		3. DATE OF DEATH 08/21/2018	
4. SEX MALE		5. SOCIAL SECURITY NUMBER [REDACTED]		6. DATE OF BIRTH 08/21/1937	
7. AGE 81 YEARS		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH TUCSON, PIMA, 85712			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) HOSPICE FACILITY - PEPPY'S HOUSE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) WILLCOX, ARIZONA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) PATSY, RUTH, TSCHIRHART	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 103 4TH STREET, MAMMOTH, PINAL, AZ, 85618					
14. DECEDENT'S RACE NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S ETHNICITY WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION ELECTRICIAN		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) CHRISTOPHER, GEORGE, MULLER			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) TERESA, ALICE, BENNETT		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) JUDY, MARIE, HOLMES			
21. RELATIONSHIP DAUGHTER		22. INFORMANT'S MAILING ADDRESS 1103 SAN MIGUEL, ALAMOGORDO, NM, 88310			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON OASIS CREMATION & FUNERAL CARE 1687 W PRINCE ROAD #101, TUCSON, AZ, 85705		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON CHRISTOPHER, McDERMOTT		25. LICENSE NUMBER F0840	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY OASIS CREMATION & FUNERAL CARE, TUCSON, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH CONGESTIVE HEART FAILURE				30. APPROXIMATE INTERVAL >6 MONTHS	
31. B. DUE TO OR AS A CONSEQUENCE OF ISCHEMIC CARDIOMYOPATHY				32. APPROXIMATE INTERVAL >6 MONTHS	
33. D. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INLET?	39. INLET AT WORK?	40. MANNER OF DEATH
			NO		NATURAL DEATH
41. TIME OF DEATH 13:32			42. WAS AN AUTOPSY PERFORMED? NO		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
44. NAME OF PERSON COMPLETING CAUSE OF DEATH LAWRENCE, LINCOLN			45. DATE CERTIFIED 08/22/2018		
46. CERTIFIER'S ADDRESS 2715 N WYATT, TUCSON, AZ, 85712					

Date Registered: 08/22/2018

Date Issued: 08/24/2018

VS-49 Rev. 12/2017



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

Kristal Colburn
KRYSTAL COLBURN
AS SEIZING STATE REGISTRAR



ARIZONA DEPARTMENT OF HEALTH SERVICES

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

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

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

State File NO. 102-2012-015459

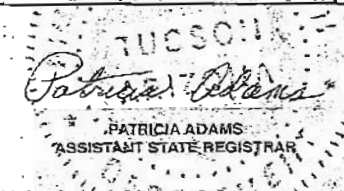
1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) GEORGE WILLIAM MULLER			2. AKA'S (IF ANY)			3. DATE OF DEATH APRIL 22, 2012			
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 08-14-1934	7. AGE 77	8. UNDER 1 YEAR MONTHS: _____ DAYS: _____		9. UNDER 1 DAY HOURS: _____ MINUTES: _____			
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> 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): 15998 SAN PEDRO RIVER RD				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: BENSON 85602		16. COUNTY OF DEATH: PIMA			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): FAIRPLAY, COLORADO			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): NANCY LEE GARRETT				
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 15998 SAN PEDRO RIVER RD,			21. CITY AND COUNTY: SENSON, PIMA		22. STATE ARIZONA		23. ZIP CODE 85602		
24. EVER IN THE ARMED FORCES NO			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) _____ <input type="checkbox"/> UNKNOWN						
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. OTHER ASIAN (SPECIFY): _____			28. OTHER PACIFIC ISLANDER (SPECIFY): _____			
29. OCCUPATION: JOURNEYMAN WIRE MAN			27. AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY OR TO 47888 PRIMARY OR ENROLLED TRIBE) ADDITIONAL TRIBE: _____ ADDITIONAL TRIBE: _____ ADDITIONAL TRIBE: _____						
29. FATHER'S NAME (FIRST, MIDDLE, LAST) CHRISTOPHER GEORGE MULLER			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) TERESA ALICE BENNETT						
31. INFORMANT'S NAME NANCY LEE MULLER			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 15998 SAN PEDRO RIVER RD, BENSON, ARIZONA 85602				
34. NAME AND ADDRESS OF FUNERAL FACILITY: EVERGREEN MORTUARY, CEMETERY & CREMATORY 3015 NORTH ORACLE RD TUCSON, AZ				35. FUNERAL DIRECTOR: GEORGE A CHOBAN, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0861			
37. METHOD(S) OF DISPOSITION: DONATION/CREM		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: LIFELEGACY FOUNDATION, TUCSON, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: LIFELEGACY FOUNDATION, TUCSON, ARIZONA				
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I									
40. IMMEDIATE CAUSE OF DEATH PANCREATIC CANCER		41. APPROXIMATE INTERVAL: UNKNOWN				42. DUE TO OR AS A CONSEQUENCE OF:			
43. DUE TO OR AS A CONSEQUENCE OF:		44. APPROXIMATE INTERVAL:				45. APPROXIMATE INTERVAL:			
46. DUE TO OR AS A CONSEQUENCE OF:		46. APPROXIMATE INTERVAL:				47. APPROXIMATE INTERVAL:			
CAUSE OF DEATH PART II									
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH: NATURAL DEATH	
				52. TIME OF DEATH: 5:11 PM		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION									
55. CERTIFYING PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <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.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: THOMAS MARTIN LINNEMANN, D.O.				56. DATE CERTIFIED: 04-24-2012		
57. CERTIFIER'S ADDRESS: 2239 E FRONTAGE RD TUBAC, AZ 85646			58. NAME OF REGISTRAR: AUDREY ROGERS				59. DATE REGISTERED: 04-25-2012		

Date Issued: 04-30-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

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 DOCUMENT



Arizona Last Will and Testament of

Robert Franklin Muller

Pursuant to Title 14 (Trusts, Estates and Protective Proceedings)

I, Robert Franklin Muller, resident in the City of Mammoth, County of Pinal, State of Arizona being of sound mind, not acting under duress or undue influence, and fully understanding the nature and extent of all my property and of this disposition thereof, do hereby make, publish, and declare this document to be my Last Will and Testament, and hereby revoke any and all other wills and codicils heretofore made by me.

I. EXPENSES & TAXES

I direct that all my debts, and expenses of my last illness, funeral, and burial, be paid as soon after my death as may be reasonably convenient, and I hereby authorize my Personal Representative, hereinafter appointed, to settle and discharge, in his or her absolute discretion, any claims made against my estate.

I further direct that my Personal Representative shall pay out of my estate any and all estate and inheritance taxes payable by reason of my death in respect of all items included in the computation of such taxes, whether passing under this Will or otherwise. Said taxes shall be paid by my Personal Representative as if such taxes were my debts without recovery of any part of such tax payments from anyone who receives any item included in such computation.

II. PERSONAL REPRESENTATIVE

I nominate and appoint Patsy Ruth Muller, of 103 4th Street Mammoth, County of Pinal, State of Arizona, as Executor of my estate. If my Personal Executor fails or ceases to so serve, then I nominate Judy Marie Holmes, of 1103 San Miguel, Alamogordo, County of Otero, State of New Mexico to serve.

III. DISPOSITION OF PROPERTY

I devise and bequeath my property, both real and personal and wherever situated, as follows:

Primary Beneficiary

Patsy Ruth Muller [full name], currently of 103 4th Street, Mammoth [address], as my Wife [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-6137 with the following real and personal property located at:

Pinal County:

1. House Property at 103 4th Street Mammoth, AZ
 - a. SECTION: 19 TOWNSHIP: 08S RANGE: 17E ACRES: .1623
MAMMOTH ADD #1 LOT 12 BLK 4 (6020 SQFT)

2. Trailer and Property at 105 4th Street Mammoth AZ
 - a. SECTION: 19 TOWNSHIP: 08S RANGE: 17E ACRES MAMMOTH ADD #1 LOT 13 BLK 4 (6020 SQFT)
3. Property South of Mammoth
 - a. SECTION: 31 TOWNSHIP: 08S RANGE: 17E ACRES: N1/2 NE1/4 SE1/4 SE1/4 containing 5.00 acres
4. Eloy Property
 - a. LOT 50 OF ELOY VALLEY WEST, ACCORDING TO THE SURVEY OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF PINAL COUNTY, ARIZONA, RECORDED IN BOOK 1 OF SURVEYS, PAGE 134 THRU 137 AND AMENDED IN BOOK 1 OF SURVEYS, PAGES 139 THRU 142, BEING SITUATED IN SECTIONS 8, 10, 15, 16, 17, AND 20, TOWNSHIP 8 SOUTH, RANGE 7 EAST OF THE GILA AND SALT RIVER BASE AND MERIDIAN, PINAL COUNTY, ARIZONA

Gila County:

5. Tonto Basin Highway Property
 - a. PARCEL "B-2" AS SHOWN ON RECORD OF SURVEY RECORDED AS SURVEY MAP NO. 1243, BEING A PORTION OF PARCEL "B" AS SHOWN ON RECORD OF SURVEY RECORDED AS SURVEY MAP NO. 750, BEING A PORTION OF THE NORTHWEST QUARTER OF SECTION 23, TOWNSHIP 6 NORTH, RANGE 10 EAST OF THE GILA AND SALT RIVER BASE AND MERIDIAN, GILA COUNTY, ARIZONA

Otero County:

6. 1003 San Miguel, Alamogordo, NM Property
 - a. LOT 145 MISSION HILLS, UNIT 2, ALAMOGORDO, OTERO COUNTY, NEW MEXICO

Alternate Beneficiaries

If the primary beneficiary pre-deceased me, the following alternate beneficiaries shall be distributed the above listed real and personal property in equal shares:

Robert Francis Muller 25% [full name], currently of 7538 E. Carol Circle, Mesa, Arizona [address], as my Son [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-2472

Mary Ann Salaz 25% [full name], currently of 607 W. Placita de la Poza [address], as my Daughter [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-2478

Judy Marie Holmes 25% [full name], currently of 1103 San Miguel, Alamogordo, NM [address], as my Daughter [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-4226

James Edward Muller 25% [full name], currently of 311 Portland Blvd, Lebanon, OH [address], as my Son [relation] whose last four (4) digits of their Social Security Number (SSN) are xxx-xx-4251

If any of my beneficiaries have pre-deceased me, then any property that they would have received if they had not pre-deceased me shall be distributed in equal shares to the remaining beneficiaries.

If any of my property cannot be readily sold and distributed, then it may be donated to any charitable organization or organizations of my Personal Representative's choice. If any property cannot be readily sold or donated, my Personal Representative may, without liability, dispose of such property as my Personal Representative may deem appropriate. I authorize my Personal Representative to pay as an administration expense of my estate the expense of selling, advertising for sale, packing, shipping, insuring and delivering such property.

IV. OMISSION

Except to the extent that I have included them in this Will, I have intentionally, and not as a result of any mistake or inadvertence, omitted in this Will to provide for any family members and/or issue of mine, if any, however defined by law, presently living or hereafter born or adopted.

V. BOND

No bond shall be required of any fiduciary serving hereunder, whether or not specifically named in this Will, or if a bond is required by law, then no surety will be required on such bond.

VI. DISCRETIONARY POWERS OF PERSONAL REPRESENTATIVE

My Personal Representative, shall have and may exercise the following discretionary powers in addition to any common law or statutory powers without the necessity of court license or approval:

A. To retain for whatever period my Personal Representative deems advisable any property, including property owned by me at my death, and to invest and reinvest in any property, both real and personal, regardless of whether any particular investment would be proper for a Personal Representative and regardless of the extent of diversification of the assets held hereunder.

B. To sell and to grant options to purchase all or any part of my estate, both real and personal, at any time, at public or private sale, for consideration, whether or not the highest possible consideration, and upon terms, including credit, as my Personal Representative deems advisable, and to execute, acknowledge, and deliver deeds or other instruments in connection therewith.

C. To lease any real estate for terms and conditions as my Personal Representative deems advisable, including the granting of options to renew, options to extend the term or terms, and options to purchase.

D. To pay, compromise, settle or otherwise adjust any claims, including taxes, asserted in favor of or against me, my estate or my Personal Representative.

E. To make any separation into shares in whole or in part in kind and at values determined by my Personal Representative, with or without regard to tax basis, and to allocate different kinds and disproportionate amounts of property and undivided interests in property among the shares.

F. To make such elections under the tax laws as my Personal Representative shall deem appropriate, including elections with respect to qualified terminable interest property, exemptions and the use of deductions as income tax or estate tax deductions, and to determine whether to make any adjustments between income and principal on account of any election so made.

G. To make any elections permitted under any pension, profit sharing, employee stock ownership or other benefit plan.

H. To employ others in connection with the administration of my estate, including legal counsel, investment advisors, brokers, accountants and agents and to pay reasonable compensation in addition to my Personal Representative's compensation.

I. To vote any shares of stock or other securities in person or by proxy; to assert or waive any stockholder's rights or privilege to subscribe for or otherwise acquire additional stock; to deposit securities in any voting trust or with any committee.

J. To borrow and to pledge or mortgage any property as collateral, and to make secured or unsecured loans. My Personal Representative is specifically authorized to make loans without interest to any beneficiary hereunder. No individual or entity loaning property to my Personal Representative or trustee shall be held to see to the application of such property.

K. My Personal Representative shall also in his or her absolute discretion determine the allocation of any GST exemption available to me at my death to property passing under this Will or otherwise. The determination of my Personal Representative with respect to any elections or allocation, if made or taken in good faith, shall be binding upon all affected.

VII. CONTESTING BENEFICIARY

If any beneficiary under this Will, or any trust herein mentioned, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

VIII. GUARDIAN AD LITEM NOT REQUIRED

I direct that the representation by a guardian ad litem of the interests of persons unborn, unascertained or legally incompetent to act in proceedings for the allowance of accounts hereunder be dispensed with to the extent permitted by law.

IX. GENDER

Whenever the context permits, the term "Personal Representative" shall include "Executor" and "Administrator," the use of a particular gender shall include any other gender, and references to the singular or the plural shall be interchangeable. All references to the Internal Revenue Code shall mean the Internal Revenue Code of 1986 or any successor Code. All references to estate taxes shall include inheritance and other death taxes.

X. ASSIGNMENT

The interest of any beneficiary in this Will, shall not be alienable, assignable, attachable, transferable nor paid by way of anticipation, nor in compliance with any order, assignment or covenant and shall not be applied to, or held liable for, any of their debts or obligations either in law or equity and shall not in any event pass to his, her, or their assignee under any instrument or under any insolvency or bankruptcy law, and shall not be subject to the interference or control of creditors, spouses or others.

XI. GOVERNING LAW

This document shall be governed by the laws in the State of Arizona.

XII. OPTIONAL PROVISIONS:

I direct that my remains be cremated and that the ashes be buried in the Mammoth Cemetery, in Pinal County, Mammoth, Arizona

XIII. BINDING ARRANGEMENT

Any decision by my Personal Representative with respect to any discretionary power hereunder shall be final and binding on all persons interested. Unless due to my Executor's own willful default or gross negligence, no Executor shall be liable for said Executor's acts or omissions or those of any co-Executor or prior Executor.

I, the undersigned Robert Franklin Muller, do hereby declare that I sign and execute this instrument as my last Will, that I sign it willingly in the presence of each of the undersigned witnesses, and that I execute it as my free and voluntary act for the purposes herein expressed, on this 27th day of February, 2018.

Robert F Muller
Testator Signature

Robert Franklin Muller
Testator (Printed Name)

The foregoing instrument, was on this 27th day of February, 2018, subscribed on each page and at the end thereof by Robert Franklin Muller, the above-named Testator, and by (him/her) signed, sealed, published and declared to be (his/her) LAST WILL AND TESTAMENT. in the presence of us and each of us, who thereupon, at (his/her) request, in (his/her) presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto.

Jamy A. Rubiescas
Witness Signature
Frank L. Gonzales
Witness Signature

112 E. Galindo St
Address Mammoth, AZ
111 E. 2nd St
Address Mammoth, AZ

TESTAMENTARY AFFIDAVIT

STATE OF ARIZONA

COUNTY OF PINAL, SS.

Before me, the undersigned authority, on this day personally appeared Robert Franklin Muller, testator, Frank L. Gonzales, witness and Jamy A. Rubiescas, witness, known to me to be the testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, and, all of these persons being by me duly sworn, the testator declared to me and to the witnesses in my presence that the instrument is the testator's last will and that the testator has willingly signed or directed another to sign for him/her, and that the testator executed it as the testator's free and voluntary act for the purposes therein expressed; and each of the witnesses stated to me, in the presence of the testator, that they signed the will as witnesses and that to the best of their knowledge the testator was eighteen (18) years of age or over, of sound mind and under no constraint or undue influence.

Robert F. Muller
Testator Signature

Jamy A. Rubiescas
Witness Signature
Frank L. Gonzales
Witness Signature

Subscribed and sworn to before me by the said testator and the said witnesses, this 27 day of FEBRUARY, 2018.

Thelma Casillas
Notary Public

My Commission expires: 3/14/18

