

DOC # 811494
10/25/2012 12:41PM Deputy: AR
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-1012 PG-6692 RPTT: 0.00

APN: 1220-15-310-007
ORDER NO.: 1098872-LI



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: _____

A handwritten signature in black ink, appearing to read 'T Waller', written over a horizontal line.

Print Name/Title: Tamara Waller / Title Officer

WHEN RECORDED MAIL TO:

Patricia Snyder
951 Wintergreen
Gardnerville, NV 89460



RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Patricia Snyder as Successor Co-Trustees of the JP
Snyder Revocable Trust dated October 22, 2009

951 Wintergreen
Gardnerville, NV 89460

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Carson City

Patricia Snyder, of legal age, being duly sworn, deposes and says:

1. That John W. Snyder, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John W. Snyder named as the/one of the trustee(s) in that certain Deed dated executed by John W. Snyder and Patricia Snyder to John W. Snyder and Patricia Snyder as Co-Trustee(s) of the JP Snyder Revocable Trust , recorded as October 23, 2009 Book 1009 Page 4620 Document #752632 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 13, Block J, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

2. That I am Patricia Snyder, named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.

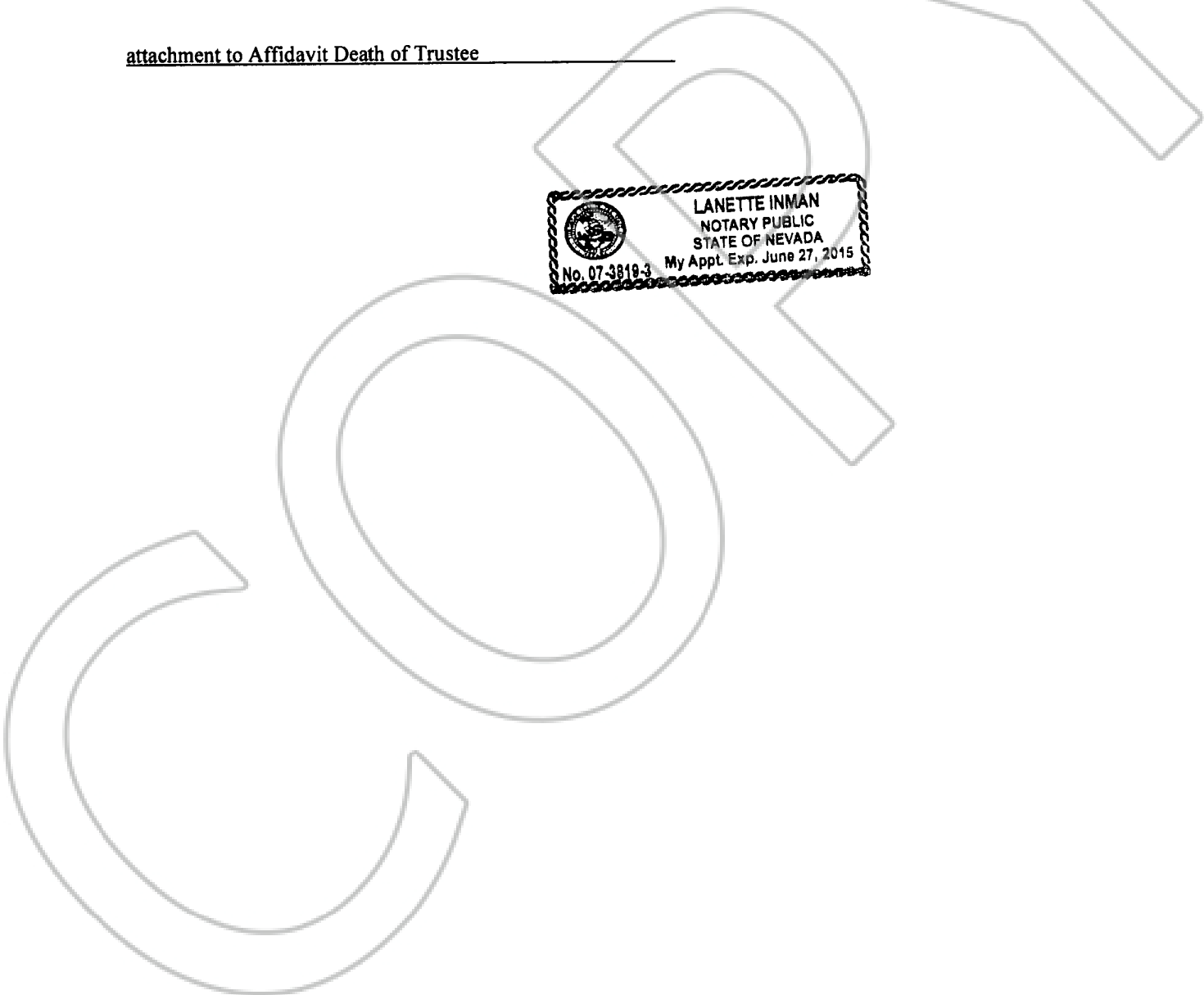
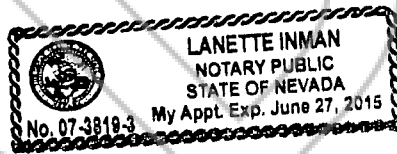
Dated: October 18, 2012



Patricia Snyder
Patricia Snyder

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 23rd day of Oct 2012, Patricia Snyder
Patricia Snyder

attachment to Affidavit Death of Trustee



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010016046
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) John Wesley SNYDER		2. DATE OF DEATH (Mo/Day/Year) October 19, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1407 Selkirk Circle		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) November 17, 1948	
9a. STATE OF BIRTH (if not U.S.A., name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Patricia LEE		13. SOCIAL SECURITY NUMBER ██████████-0407	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Painting Contractor		14b. KIND OF BUSINESS OR INDUSTRY Contractor		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1407 Selkirk Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Luther George SNYDER	
17. MOTHER - NAME (First Middle Last Suffix) Adelaide E SNYDER		18a. INFORMANT- NAME (Type or Print) Patricia SNYDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1407 Selkirk Circle Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 995 N Gardnerville NV 89410	
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) JOHN ALBERT SHIELDS M.D. <i>SIGNATURE AUTHENTICATED</i>			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) October 20, 2010		21c. HOUR OF DEATH 00:05		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Albert Shields M.D., 236 W Sixth #400 Reno, NV 89503		23b. LICENSE NUMBER 3362	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 2010		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					
(a) Metastatic Colon Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION		26h. STREET OR R.F.D. No.		26i. CITY OR TOWN	
26j. STATE		26k. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26l. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

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BK 1012
PG-6695

VRS-Rev.20100216

358365

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: 10/27/2010

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

[Signature]
SIGNATURE AUTHENTICATED

