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Natalia K. Vander Laan, Esq.

A.P.N.: 1220-17-613-002



KAREN ELLISON, RECORDER

Recording Requested By:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

When Recorded Mail to:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

Mail Tax Statements to:)
Terry Capton Snell, Trustee)
906 Sweetwater Drive)
Gardnerville, Nevada 89460)

AFFIDAVIT – DEATH OF CO-TRUSTEE

STATE OF NEVADA)
) : ss
COUNTY OF Douglas)

I, TERRY CAPTON SNELL, of legal age, being first dully sworn, declare under penalty of perjury that:

HARRY MELLOR SNELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HARRY M. SNELL named as Co-Trustee in the Declaration of Trust executed on March 20, 1998, by Harry M. Snell and Terry Capton Snell as Grantors.

HARRY MELLOR SNELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HARRY M. SNELL, named as one of the parties in that certain deed dated April 25, 2005, and executed by Harry M. Snell and Terry Capton-Snell, husband and wife, to Harry M. Snell and Terry Capton-Snell, Trustees, or their successors in trust, under the HMSECS, dated March 20, 1998, and any amendments thereto, recorded on May 2, 2005, as

Document No. 0643234, in Book 0505, Page 00116, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

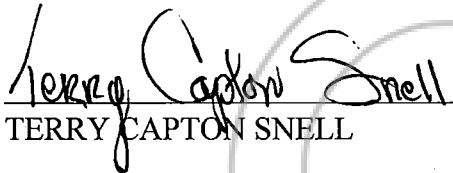
Lot 162, Block A, of PLEASANTVIEW, PHASE 8 MAP NO. 1009-8, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1999, in Book 699, Page 6647, as Document No. 471554.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues and profits thereof.

Harry M. Snell, the deceased Co-Trustee, died on August 7, 2018, as shown in the attached certified copy of Certificate of Death.

The Affiant is the Wife of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this 24th day of September, 2018, in Douglas County, State of Nevada.

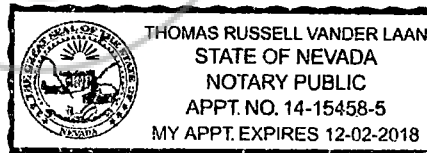

TERRY CAPTON SNELL

Subscribed and sworn to before me this 24th day of September, 2018, by Terry Capton Snell.

My commission expires: 12/2/18.



NOTARY PUBLIC



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

3052018163792

CERTIFICATE OF DEATH

3201809000833

STATE FILE NUMBER 3052018163792		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER 3201809000833	
1. NAME OF DECEDENT - FIRST (Given) HARRY		2. MIDDLE MELLOR		3. LAST (Family) SNELL	
4. DATE OF BIRTH mm/dd/yyyy 08/16/1923		5. AGE Yrs 94	6. UNDER ONE YEAR Months Days		6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 3840		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 08/07/2018		8. HOUR (24 Hours) 0305	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIGHTER PILOT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 906 SWEETWATER DR.					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE WASHOE		23. ZIP CODE 89460	25. STATE/FOREIGN COUNTRY NV
26. INFORMANT'S NAME, RELATIONSHIP TERRY SNELL, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 906 SWEETWATER DR., GARDNERVILLE, NV 89460		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST TERRY		29. MIDDLE -		30. LAST (BIRTH NAME) CAPTON	
31. NAME OF FATHER/PARENT - FIRST HARRY		32. MIDDLE MORTON		33. LAST SNELL	
34. BIRTH STATE ENGLAND		35. NAME OF MOTHER/PARENT - FIRST EUNICE		36. BIRTH STATE ENGLAND	
37. LAST (BIRTH NAME) MELLOR		38. BIRTH STATE ENGLAND			
39. DISPOSITION DATE mm/dd/yyyy 08/10/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF WIFE TERRY SNELL 16292 STRAWBERRY LN, STRAWBERRY, CA 95735			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TAHOE CREMATION		45. LICENSE NUMBER FD2259		46. SIGNATURE OF LOCAL REGISTRAR NANCY J. WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy 08/10/2018					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> E/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 16292 STRAWBERRY LANE		106. CITY TWIN BRIDGES	
107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal words such as cardiac arrest, respiratory arrest, or vascular. Indication should show the etiology. DO NOT ABBREVIATE. (A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		Time Interval Between Onset and Death YEARS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PROFESSIONAL NUMBER EM18-6938	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) PACEMAKER --/--/2004					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER JACOB GROEN		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		117. DATE mm/dd/yyyy			
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER JACOB GROEN		127. DATE mm/dd/yyyy 08/09/2018		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JACOB GROEN, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

AUG 14 2018

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



000190599

Nancy Williams
 NANCY J. WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE