

DOUGLAS COUNTY, NV **2020-951624**
Rec:\$40.00
\$40.00 Pgs=6 **08/31/2020 09:00 AM**
CA - OLD REPUBLIC TITLE COMPANY
KAREN ELLISON, RECORDER

APN# : 1318-23-218-017

Recording Requested By:
Old Republic Title Company

When Recorded Mail To:
Charles Edward Snavely
9643 Cafe Terrace
San Antonio, TX 78251

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature N. MARTINELLI ESCROW OFFICER
Print name Title

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Charles Edward Snavely, of legal age, being first duly sworn, deposes and says:

1. William Wayne Snavely and Rosewitha Snavely, the decedents mentioned in the attached certified copy of Certificate of Death, is the same person as William Wayne Snavely and Rosewitha Snavely, named as Trustees in The Snavely 2007 Living Trust, dated December 13, 2007 and executed by William Wayne Snavely and Rosewitha Snavely, as Trustor(s).
2. At the time of the decedent's death, decedent's were the record owner, as Trustees, of certain real property commonly known as 104 N. Rubicon Circle, B, Stateline, NV 89449, which property is described in a Deed which was executed by William W. Snavely and Rosewitha Snavely, husband and wife as Grantor(s) on August 28, 2008 and recorded on September 26, 2008 as Instrument No. 0730633, in Book 0908, Page 5699, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

See "Exhibit A" attached hereto and made a part hereof.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

→ Dated 8/26/2020

The Snavely 2007 Living Trust, dated December 13, 2007

* By: Charles Edward Snavely
Charles Edward Snavely, Successor Trustee

STATE OF Texas)

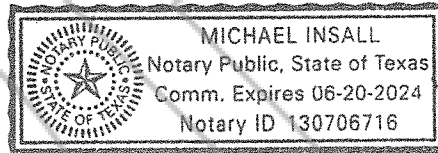
) ss.

COUNTY OF Bexar)

On this 26th day of August, 20 20, personally appeared before me, a Notary Public in and for said County and State, Charles Edward Snavelly known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he/she/they executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Michael Insall
NOTARY PUBLIC



(seal)

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 May 20 2020

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** **142-20-079045**

| | | | | | |
|--|--|--|--|--|---|
| 1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) WILLIAM WAYNE SNAVELY | | (Before Marriage) | | 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) MAY 14, 2020 | |
| 3. SEX MALE | 4. DATE OF BIRTH (mm-dd-yyyy) APRIL 5, 1920 | 5. AGE-Last Birthday (Years) 100 | IF UNDER 1 YR Mo Days | IF UNDER 1 DAY Hours Min | 6. BIRTHPLACE (City & State or Foreign Country) LOS ANGELES, CA |
| 7. SOCIAL SECURITY NUMBER 3062 | | 8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Divorced (but not remarried) <input checked="" type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) | |
| 10a. RESIDENCE STREET ADDRESS 5100 JOHN D. RYAN BLVD | | | 10b. APT. NO. 2504 | 10c. CITY OR TOWN SAN ANTONIO | |
| 10d. COUNTY BEXAR | 10e. STATE TEXAS | 10f. ZIP CODE 78245 | 10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE WILLIAM BARTLETT SNAVELY | | | 12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE MAY SMYTH | | |
| 13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 14. COUNTY OF DEATH BEXAR | | 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) SAN ANTONIO, 78245 | | 16. FACILITY NAME (If not institution, give street address) 5100 JOHN D. RYAN BLVD APT 2504 | |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CHARLES E. SNAVELY - SON | | | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 9643 CAFE TERRACE, SAN ANTONIO, TX 78251 | | |
| 19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify) | | 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WILLIAM E PIET, BY ELECTRONIC SIGNATURE - 7257 | | 21. <input type="checkbox"/> Unknown Section 105 Block _____ Lot _____ Space 76 | |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) FORT SAM HOUSTON NATIONAL CEMETERY | | 23. LOCATION (City/Town, and State) SAN ANTONIO, TX | | | |
| 24. NAME OF FUNERAL FACILITY PORTER LORING MORTUARY MCCULLOUGH | | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1101 MCCULLOUGH AVENUE, SAN ANTONIO, TX 78212 | | | |
| 26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner-Justice of the Peace - 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. | | | | | |
| 27. SIGNATURE OF CERTIFIER PATRICK H PETERS JR. - BY ELECTRONIC SIGNATURE | | 28. DATE CERTIFIED (mm-dd-yyyy) MAY 18, 2020 | 29. LICENSE NUMBER E9334 | 30. TIME OF DEATH (Actual or presumed) 07:17 AM | |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) PATRICK H PETERS JR 9150 HUEBNER RD. STE 130, SAN ANTONIO, TX 78240 | | | | 32. TITLE OF CERTIFIER MD, PA | |
| 33. PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ACUTE EXACERBATION Due to (or as a consequence of) b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ Due to (or as a consequence of) Approximate Interval Onset to death 4 YEARS | | | | | |
| PART 2 ENTER OTHER CAUSE GIVEN IN PART 1. | | SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING | | 34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | |
| 40a. DATE OF INJURY (mm-dd-yyyy) | 40b. TIME OF INJURY | 40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | | |
| 40e. LOCATION (Street and Number, City, State, Zip Code) | | | 40f. COUNTY OF INJURY | | |
| 41. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 42a. REGISTRAR FILE NO. 02005915 | 42b. DATE RECEIVED BY LOCAL REGISTRAR MAY 20, 2020 | 42c. REGISTRAR <i>Tara Das</i> | | | |

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

QA16585130

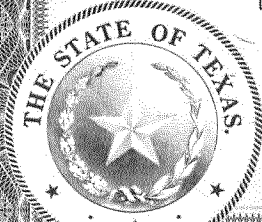
EDR NUMBER 00004444726776

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED May 21 2020

Tara Das
 TARA DAS
 STATE REGISTRAR

JON



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

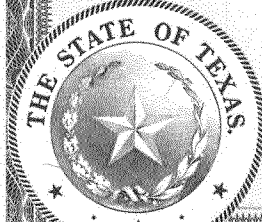
CITY OF SAN ANTONIO

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 Jul 22 2019

| | | | | | |
|--|--|--|--|--|--|
| STATE OF TEXAS | | CERTIFICATE OF DEATH | | STATE FILE NUMBER 142-19-108353 | |
| 1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ROSEWITHA SNAVELY | | | 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JULY 9, 2019 | | 3. SEX FEMALE |
| 4. DATE OF BIRTH (mm-dd-yyyy) OCTOBER 10, 1921 | | | 5. AGE-Last Birthday (Years) 97 | 6. BIRTHPLACE (City & State or Foreign Country) GERMANY | 7. SOCIAL SECURITY NUMBER -1241 |
| 8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | | 9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) WILLIAM W SNAVELY | | 10a. RESIDENCE STREET ADDRESS 5100 JOHN D. RYAN BLVD |
| 10b. APT. NO. 2504 | | | 10c. CITY OR TOWN SAN ANTONIO | | 10d. COUNTY BEXAR |
| 10e. STATE TEXAS | | | 10f. ZIP CODE 78245 | 10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE FRANK A BERGER | | | 12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE MAGDALEN EBERLE | | |
| 13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 14. COUNTY OF DEATH BEXAR | | | 15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) SAN ANTONIO, 78245 | | 16. FACILITY NAME (If not institution, give street address) BLUE SKIES OF TEXAS - WEST |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CHARLES E SNAVELY - SON | | | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 9643 CAFE TERRACE, SAN ANTONIO, TX 78251 | | |
| 19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify) | | | 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AMY D. GOAD BY ELECTRONIC SIGNATURE - 111782 | | 21. <input type="checkbox"/> Unknown Section 105 Block Lot Space 76 |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) FORT SAM HOUSTON NATIONAL CEMETERY | | | 23. LOCATION (City/Town, and State) SAN ANTONIO, TX | | |
| 24. NAME OF FUNERAL FACILITY PORTER LORING MORTUARY MCCULLOUGH | | | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1101 MCCULLOUGH AVENUE, SAN ANTONIO, TX 78212 | | |
| 26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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. | | | | | |
| 27. SIGNATURE OF CERTIFIER PATRICK H PETERS JR., BY ELECTRONIC SIGNATURE | | 28. DATE CERTIFIED (mm-dd-yyyy) JULY 19, 2019 | 29. LICENSE NUMBER E9334 | 30. TIME OF DEATH (Actual or presumed) 05:30 AM | |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) PATRICK H PETERS JR 9150 HUEBNER RD. STE 130, SAN ANTONIO, TX 78240 | | | 32. TITLE OF CERTIFIER MD, PA | | |
| 33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. | | | | | Approximate Interval Onset to death |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FAILURE Due to (or as a consequence of): | | | | | 7 YEARS |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST b. _____ Due to (or as a consequence of): | | | | | |
| c. _____ Due to (or as a consequence of): | | | | | |
| d. _____ Due to (or as a consequence of): | | | | | |
| PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. STROKE | | | | | 34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined | | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | |
| 40a. DATE OF INJURY (mm-dd-yyyy) | | 40b. TIME OF INJURY | 40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | |
| 40e. LOCATION (Street and Number, City, State, Zip Code) | | | | | 40f. COUNTY OF INJURY |
| 41. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 42a. REGISTRAR FILE NO. 02008527 | | 42b. DATE RECEIVED BY LOCAL REGISTRAR JULY 22, 2019 | | 42c. REGISTRAR REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED | |
| EDR NUMBER 000044444525624 | | | | | |

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement in this form is a fine up to \$10,000. (Health and Safety Code, Sec. 195.198B)

0003123588
 VS-112 REV 1/2006



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUL 24 2019

James L. Wilson

James L. Wilson
 Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

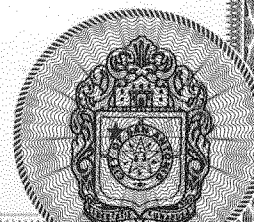


EXHIBIT "A"

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

**Lot 59B, as shown on the map of LAKE VILLAGE, UNIT 2-D, filed for record
in the Office of the County Recorder of Douglas County, State of Nevada, on
June 5, 1972, in Book 101, Page 277 as Document No. 59803.**

**Assessor's Parcel Number(s):
1318-23-218-017**

