

APN: 1418-34-111-038

Recording Requested By:

Velma R. Schnoll
PO Box 384
Glenbrook, NV 89413

After Recording Mail To:

Velma R. Schnoll
PO Box 384
Glenbrook, NV 89413

Send Subsequent Tax Bills To:

Velma R. Schnoll
PO Box 384
Glenbrook, NV 89413

AFFIDAVIT OF SURVIVING TRUSTEE

71128348-7726773

I, Velma R. Schnoll, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated April 16, 1998, Michael Schnoll and Velma R. Schnoll executed The Schnoll Family Trust.
2. Said trust appointed me to serve as Surviving Trustee(s) upon the death or incapacity of Michael Schnoll.
3. Michael Alan Schnoll died on August 26, 2013 at South Lake Tahoe, California, a resident of Washoe County, NV pursuant to the attached certified copy of the Certificate of Death and is the same person as said Michael Schnoll.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee(s).
5. The real property subject hereof is part of the trust estate, situated in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: 233 Lyons Avenue, Glenbrook, NV 89413

Per NRS 111.312 – The Legal Description appeared previously in Deed, recorded on November 20, 2017, as Document No. 2017-907151 in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to Velma R. Schnoll as Surviving Trustee(s).

I, Velma R. Schnoll, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.



Velma R. Schnoll

Affiant
Title

(Attached to and becoming a part of Affidavit of Surviving Trustee dated: September 30, 2021
for Michael Alan Schnoll.)

DATED this 30th day of Sept, 2021.

Velma R. Schnoll
Velma R. Schnoll, Surviving Trustee

STATE OF Nevada)
COUNTY OF Douglas)
SS

SUBSCRIBED AND SWORN before me this 30th day of Sept, 2021,
by Velma R. Schnoll, Surviving Trustee.

NOTARY STAMP/SEAL

Stephanie Smith
Notary Public
Notary
Title and Rank
My Commission Expires: Jan 21, 2024



EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 141834111038

Land situated in the County of Douglas in the State of NV

LOT 16, IN BLOCK 1, OF CAVE ROCK VILLAGE SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 5, 1953, AS DOCUMENT NO. 9223.

Commonly known as: 233 LYONS AVE, GLENBROOK, NV 89413

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201309000737

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
MICHAEL		ALAN	
3. LAST (Family)		4. DATE OF BIRTH mm/dd/yyyy	
SCHNOLL		07/17/1958	
5. AGE Yrs.		6. UNDER ONE YEAR	
55		7. UNDER 24 HOURS	
8. SEX		9. HOUR (24 Hour)	
M		1600	
10. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
NJ		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (See worksheet on back)		13. MARITAL STATUS/ORDER at Time of Death	
MASTER'S		MARRIED	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
SOFTWARE SALES		SOFTWARE	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
30		1048 APOLLO COURT	
21. CITY		22. COUNTY/PROVINCE	
INCLINE VILLAGE		WASHOE	
23. ZIP CODE		24. YEARS IN COUNTY	
89451		1	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
NV		VELMA SCHNOLL, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST	
1048 APOLLO COURT, INCLINE VILLAGE, NV 89451		VELMA	
29. MIDDLE		30. LAST (BIRTH NAME)	
RAE		LUMSDEN	
31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE	
BERNARD		PHILLIP	
33. LAST		34. BIRTH STATE	
SCHNOLL		NY	
35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE	
CONSTANCE		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
RINTELS		MA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION RESIDENCE OF VELMA SCHNOLL	
09/06/2013		1048 APOLLO COURT, INCLINE VILLAGE, NV 89451	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/TR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		TRIDENT SOCIETY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1909		ALICIA PARIS POMBO, MSC MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
09/06/2013		ALICIA PARIS POMBO, MSC MD	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> H <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
EL DORADO		2150 SOUTH AVENUE	
106. CITY		107. CAUSE OF DEATH	
SOUTH LAKE TAHOE		Enter the chain of events (disease, injuries, or complications) that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without specifying the etiology. DO NOT ABBREVIATE.	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. TIME FROM ONSET OF DEATH	
(A) CARDIOPULMONARY ARREST		1 MIN	
110. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		111. BIOPSY PERFORMED?	
(B) ALTERED MENTAL STATUS		48 HRS	
(C) SEIZURES		48 HRS	
(D) GLOIBLASTOMA MULTIFORME		3 MOS	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GAVEN IN 107		113. IF FEMALE, PRESENT IN LAST YEAR?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		MARY SNEERINGER M.D.	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CALIFORNIA STATUTES		117. LICENSE NUMBER	
Decedent's Affiliated State: _____ Decedent Last Seen Alive: _____		A122726	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
MARY SNEERINGER M.D. PO BOX 9578, SOUTH LAKE TAHOE, CA 96150		09/04/2013	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		121. INJURED AT WORK?	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		124. HOUR (24 Hour)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. DATE mm/dd/yyyy	
126. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER/ DEPUTY CORONER	
127. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER/ DEPUTY CORONER	
128. TYPE NAME, TITLE OF CORONER/ DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER/ DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA } SS DATE ISSUED
 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 RECORDER-CLERK.

William E. Schatz
 EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

