



*First American
Title Insurance Company*

LISTING PACKAGE

5/27/2026

natasha@rmgrealestate.com

Attn: Natasha Jacobson

We appreciate the opportunity to serve you and thank you for choosing First American Title. Attached please find the following:

- Tax Information
- Vesting Deed
- Deed of Trust
- As Built
- As Built Not Found
- Plat Map
- Tax Map
- CCR's
- CCR's Not Found
- Other:

Owner Name(s): LEWIS CASEY A

Physical Address: 11221 DAVE LN

Legal Description: LOT 3 SNOW CRESTVIEW, PLAT NUMBER P-512, ANCHORAGE RECORDING DISTRICT

Please do not hesitate to contact me at 907-561-1844 or cs.alaska@firstam.com if I may be of further assistance. I understand you have a choice and hope you will choose First American Title for your next transaction. Have a wonderful day!

Sincerely,

Kellie Trolz

Kellie Trolz, Title Customer Service

Enclosures

NOTICE OF DISCLAIMER OF LIABILITY

This letter and the accompanying materials do not constitute a policy of Title Insurance or a Commitment for Title Insurance. Further, they are not an abstract of title. These materials are furnished as a courtesy by First American Title Insurance Co., and the Company does not take responsibility for the completeness or accuracy of the materials. If you desire a complete report on the status of title, please contact the above named person to arrange for a Commitment or Policy. No transaction or decision should be made based on these materials until such time as the Company has the opportunity to perform a complete search and is prepared to issue a Policy.

1400 W Benson Blvd, Suite 250, Anchorage, AK 99503
TEL 907-561-1844 | FAX 907-561-1948
ak.firstam.com

PARID: 01614133000
LEWIS CASEY A

11221 DAVE LN

LUC: 108
TAX YEAR: 2026

Property Information

Appeal Filing Deadline: 2/11/2026
Late Appeal Request Deadline: 03/13/2026

Property Location: 11221 DAVE LN
Class: R - Residential
Use Code (LUC): 108 - Mobile Home on Private lot
Condo/Unit #:
Tax District: 03
Zoning: R5
Plat #:
HRA #:
Grid #: SW2630
Deeded Acres:
Square Feet: 8,910
Legal Description: SNOW CRESTVIEW
LT 3

Economic Link: No

[Show Parcel on Map](#)

Owner

Owner: LEWIS CASEY A
Co-Owner:
Care Of:
Address: 11221 DAVE LANE
City / State / Zip: ANCHORAGE, AK 99515 2915
Deed Book/Page: 016/14

Tax Information

Parcel	Roll Type	Tax Year	Cycle	DID	Gross Tax Amount	Res Exemption	Sr/Vet Exemption	IPC Billed	Paid Amount	Net Due	Interest Due	Penalty Due	Costs Due	Total Due	Due Date
01614133000	RP	2025	1		1,041.36			.00	-1,041.36	.00	.00	.00	.00	.00	06/30/2025
01614133000	RP	2025	2		1,041.36			.00	-1,041.36	.00	.00	.00	.00	.00	08/31/2025
01614133000	RP	2024	1		978.39			.00	-978.39	.00	.00	.00	.00	.00	06/30/2024
01614133000	RP	2024	2		978.38			.00	-978.38	.00	.00	.00	.00	.00	08/31/2024
01614133000	RP	2023	1		990.30			.00	-990.30	.00	.00	.00	.00	.00	06/30/2023
01614133000	RP	2023	2		990.30			.00	-990.30	.00	.00	.00	.00	.00	08/31/2023
01614133000	RP	2022	1		935.46			.00	-935.46	.00	.00	.00	.00	.00	07/31/2022
01614133000	RP	2022	2		935.46			.00	-935.46	.00	.00	.00	.00	.00	09/30/2022
01614133000	RP	2021	1		1,982.20			211.50	-2,193.70	.00	.00	.00	.00	.00	06/15/2021
01614133000	RP	2020	1		1,881.00			98.25	-1,979.25	.00	.00	.00	.00	.00	07/15/2020
01614133000	RP	2019	1		1,779.96			94.47	-1,874.43	.00	.00	.00	.00	.00	06/15/2019
01614133000	RP	2018	1		1,615.40			85.25	-1,700.65	.00	.00	.00	.00	.00	06/15/2018
01614133000	RP	2017	1		1,468.90			77.06	-1,545.96	.00	.00	.00	.00	.00	06/15/2017
01614133000	RP	2016	1		1,332.65			69.63	-1,402.28	.00	.00	.00	.00	.00	06/15/2016

Make a Payment

Assessed Value

Tax Year	Roll Type	LUC	Class	Land	Building	Total Appraised
2026	RP	108	R	112,200	21,400	133,600

Taxable Value

Net Taxable Value	133,600
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Land Summary

Land Line #	Zoning	Size (Square Feet)	NBHD
1	R5	8,910	09S00

Land Characteristics

Line #	
1	VIEW 2 - Average
2	TOPO 4 - Gentle
3	ACCESS 5 - Average
4	PAVING 5 - Recycled asphalt
5	CORNER 4 - None
6	SEWER 3 - Septic
7	ENCROACH 4 - None
8	SETBACK 1 - None
9	WATER 2 - Private
10	RESTRICT 4 - None
11	MAIN 4 - None
12	MISC 5 - None
13	WETLANDS 4 - None
14	SHAPE 4 - Typical
15	LOCATION 3 - Average
16	SIZE 3 -
17	SOILS 4 - Average

OBY - Detached Structures

Description:	Year Built:	Width:	Length:	Area:
SHED - STORAGE SHED	1970			108
DECK - DECK	1970			48
FINAREA - FINISHED AREA - AT GRADE	1960			480
MHSW - MOBILE HOME SINGLE WIDE	1958	8	40	320

Entrances

Visit Date:	Measure Date:	Entrance Source:
29-JUN-2009		0-Land Characteristics Inspection
27-MAY-2015		9-Quick Re-Inventory Inspection
31-AUG-2021		9-Quick Re-Inventory Inspection

Appraised Value History

Tax Year	Roll Type	LUC	Class	Land	Improvements	Total Appraised
2026	RP	108	R	112,200	21,400	133,600
2025	RP	108	R	112,200	19,700	131,900
2024	RP	108	R	102,700	18,500	121,200
2023	RP	108	R	97,800	18,500	116,300
2022	RP	108	R	97,800	13,300	111,100
2021	RP	108	R	97,800	12,200	110,000
2020	RP	108	R	97,800	12,200	110,000
2019	RP	108	R	97,800	11,000	108,800
2018	RP	108	R	87,500	11,000	98,500
2017	RP	108	R	83,500	10,300	93,800



AFTER RECORDING MAIL TO:

Casey A. Lewis
11221 Dave Lane
Anchorage, AK 99515

This document is being recorded by
Stewart Title Company as an
accommodation only. It has not been
examined as to its effect, if any on
the title of the estate herein.

Courtesy

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, the
Grantor: **Charles W. Lewis, an unmarried person as surviving spouse of the Estate of
Wilma Lewis** whose address is: 1278 Chemawa Loop NE

Leizer, OR 97303

hereby CONVEY(s) and WARRANT(s) to the Grantee: **Casey A. Lewis, an
unmarried person**

whose address is: 11221 Dave Lane, Anchorage, AK 99515

the following real property in the Anchorage Recording District, State of Alaska:

**Lot 3 of Snow Crest View Subdivision, being a resubdivision of the West 1/2 (one-half) of
Lots 21, 22 and 23 of Shackleton Subdivision, according to the plat thereof filed January
21, 1960, under Plat No. P-512, in the Anchorage Recording District, Third Judicial
District, State of Alaska.**

Dated: 6/11/12

Charles W. Lewis
Charles W. Lewis



STATE OF Alaska } ss,
Third Judicial District

THIS IS TO CERTIFY that on this 11 day of June 2012 before me the undersigned
Notary Public, personally Charles W. Leis known to me and to me known to be the individual(s)
described in and who executed the foregoing instrument and acknowledged to me that he signed
the same freely and voluntarily for the uses and purposes therein set forth.

WITNESS my hand and official seal.

Christina M. Werts
Notary Public in and for _____
My commission expires: _____

STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

11003142

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110675
JUNEAU, AK 99811-0675

150 STATE FILE NUMBER

TYPEPRINT
IN
PERMANENT
BLACK INK

DATE RECEIVED
NOV 21 2011

BIRTH CERTIFICATE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)
Wilma Stingel Lewis

2. SEX
Female

3. DATE OF DEATH (Month, Day, Year)
November 11, 2011

4. SOCIAL SECURITY NUMBER
[REDACTED]

5a. AGE - Last Birthday (Years)
73

5b. UNDER 1 YEAR (Months, Days)
[REDACTED]

5c. UNDER 1 DAY (Hours, Minutes)
[REDACTED]

6. DATE OF BIRTH (Month, Day, Year)
September 21, 1938

7. BIRTHPLACE (State or Foreign Country)
Wyoming

8. STATE OF DEATH
ALASKA

9a. PLACE OF DEATH (Check only one, see instructions on attached sheet)
HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)
2631 N. Tahiti Loop

9c. CITY, TOWN, OR LOCATION OF DEATH
Anchorage

10. MARITAL STATUS
 NEVER MARRIED MARRIED WIDOWED DIVORCED UNKNOWN

11. SURVIVING SPOUSE (If wife, give maiden name)
Charles Warren Lewis

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Homemaker

12b. KIND OF BUSINESS/INDUSTRY
Home

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?
 YES NO UNKNOWN

14a. RESIDENCE - STATE
Oregon

14b. CITY, TOWN, OR LOCATION
Keizer

14c. STREET AND NUMBER
1278 Chamwa Loop NE

14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY?
 YES NO UNKNOWN

14e. ZIP CODE
97303

15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.)
 NO YES Specify:

16. RACE - Filipino, Black, Alaska Native, White, etc.
Specify: White

17. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (9-12) College (1-4 or 5-)

18. FATHER'S NAME (First, Middle, Last)
Kenneth Stingel

19. MOTHER'S NAME (First, Middle, Maiden Surname)
Ruth Alice Thayer

20a. INFORMANT'S NAME (First, Middle, Last)
Charles W. Lewis

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1278 Chamwa Loop NE

20c. RELATIONSHIP TO DECEDENT
Husband

21a. METHOD OF DISPOSITION
 Burial Cremation Removal from State Donation Other (Specify)

21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Alaskan Heritage Crematory

21c. LOCATION - City, Town, State
Wasilla, Alaska

22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Robert M. Funch

22b. NAME AND ADDRESS OF FACILITY
Alaskan Heritage Memorial Chapel, 440 E. Klatt Rd., Anchorage, AK 99515

23a. To the best of my knowledge, death occurred at the time, date, and place stated.

23b. DATE SIGNED (Month, Day, Year)
11-16-11

24. TIME OF DEATH
01:45 M

25. DATE PRONOUNCED DEAD (Month, Day, Year)
November 11, 2011

26. WAS CASE REFERRED TO MEDICAL EXAMINER?
 YES NO

27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
[REDACTED] SEQUENCE OF:
[REDACTED] DUE TO (OR AS A CONSEQUENCE OF):
[REDACTED] DUE TO (OR AS A CONSEQUENCE OF):

28a. WAS AN AUTOPSY PERFORMED?
 YES NO

28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH?
 YES NO

29a. CERTIFIER (Check only one)
 CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23)
 To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
 PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death)
 To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
 MEDICAL EXAMINER.
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 as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH
Jean Snyder MD

29c. DATE SIGNED (Month, Day, Year)
11-16-11

29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type First name of certifier)
Jean Snyder

29e. LICENSE NUMBER
3241

30. MANNER OF DEATH
 Natural Pending Investigation Accident Suicide Could not be determined Homicide

31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED.

31a. DATE OF INJURY (Month, Day, Year)
[REDACTED]

31b. TIME OF INJURY
[REDACTED]

31c. INJURY AT WORK?
 YES NO

31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
[REDACTED]

31e. PLACE OF INJURY - At home, street, cannery, office, etc. (Specify)
[REDACTED]

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
[REDACTED]

SEE INSTRUCTIONS ON ATTACHED SHEET

SEE DEFINITION ON ATTACHED SHEET

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS ON ATTACHED SHEET

SEE DEFINITION ON ATTACHED SHEET

FORM VS-101
REV. 3-06

ORIGINAL - STATE COPY

001353735

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED NOV 21 2011

State Registrar

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



2 of 2
2012-031894-0

