

AFFIDAVIT OF ENTITLEMENT TO ESTATE LESS THAN \$20,000.00

PURSUANT TO N.R.S. 146.080

State of Nevada)
) :SS
Carson City)

MICHAEL GENE ALLEN, being first duly sworn, upon oath says:

1. That affiant, whose address is 1673 Chowbuck, Minden, Nevada, 89423, is the son of Richard J. Allen, deceased, who died in Minden, State of Nevada, on the February 14, 2000, leaving an estate in Minden, State of Nevada, which is not real property nor a lien thereon, of a gross value of less than \$20,000.00, consisting of the following, to wit:

Van Kampen Funds Account # 0000011/08800919335

2. That at least 40 days have elapsed since death of the decedent.
3. That the decedent was a resident of the State of Nevada at the time of his death.
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
5. That all debts of the decedent, including funeral and burial expenses, and money owed to the department of human resources as a result of the payment of benefits for Medicaid, have been paid or provided for.
6. That the affiant is personally entitled to full payment or delivery of the property claimed.
7. That affiant has the right pursuant to the provisions of N.R.S. 146.080 to succeed to said property of said decedent, and to

0499186

BK0900PG1513

have any evidences of interest, indebtedness or right transferred to affiant by the state agencies in charge of issuing certificates of ownership.

8. That affiant has given written notice, by personal service or certified mail, identifying affiant's claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to that of affiant, and that at least 14 days have elapsed since the notice was served or mailed.

Further Affiant sayeth not.


MICHAEL GENE ALLEN

SUBSCRIBED AND SWORN TO
BEFORE FOR ME THIS
August 4, 2000.


NOTARY PUBLIC



0499186
BK0900PG1514

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER			
	1. DECEASED—NAME First Middle Last Richard Jean ALLEN			DATE OF DEATH (Month, Day, Year) 2 February 14, 2000			
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1673 Chowbuck		3e. SEX Male		
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		8. DATE OF BIRTH (Mo., Day, Yr.) April 30, 1923		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Arizona		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		
	13. SOCIAL SECURITY NUMBER 9373		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing		
PARENTS	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		
	15d. STREET AND NUMBER 1673 Chowbuck		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Charles F. Allen		
DISPOSITION	17. MOTHER—MAIDEN NAME First Middle Last Mary Flynn		18a. INFORMANT—NAME (Type or Print) Michael Allen		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1713 N. Peters Carson City, Nevada 89706		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada		
CERTIFIER	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Ammy Bern</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 North Roop St., Carson City, Nevada 89706		
	21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Carlos Palant</i>		21b. DATE SIGNED (Mo., Day, Yr.) FEB. 15, 2000		21c. HOUR OF DEATH 0030		
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) CARLOS PALANT, M.D., 1000 LOCUST STREET, RENO, NEVADA 89520		22a. To be completed by Coroner's Office 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. (Signature and Title) <i>Val R. Kuchamp</i>		22b. DATE SIGNED (Mo., Day, Yr.) Feb 16, 2000		
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		22e. PRONOUNCED DEAD (Hour) AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) CARLOS PALANT, M.D., 1000 LOCUST STREET, RENO, NEVADA 89520		23b. LICENSE NUMBER 7209		24a. REGISTRAR (Signature) <i>Val R. Kuchamp</i>		
	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb 16, 2000		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
CAUSE OF DEATH	PART I (a) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF:		PART II (a) ANEURYSM OF ABDOMINAL AORTA & HYPERTENSION		26. AUTOPSY (Specify Yes or No) NO		
	(b) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF:		(c) ATRIAL FIBRILLATION		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			

No.154844

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

FEB 16 2000

Gyonne Sylva
State Registrar

0499186

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0900PG1515

COPY

REQUESTED BY
Gerald Madison Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 SEP 11 PM 4:40

LINDA SLATER
RECORDER

\$10⁰⁰ PAID Kg DEPUTY

0499186

BK0900PG1516