

17-

Assessor's Parcel Number: _____

Recording Requested By:

Name: WALTER DUPUIS

Address: 4313 KYE DR.

City/State/Zip WELINGTON, N.V. 89444

Real Property Transfer Tax:

\$ _____

Doc Number: **0839135**

03/06/2014 02:41 PM

OFFICIAL RECORDS

Requested By
WALTER DUPUIS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0314 Pg: 754



Deputy: pk

SMALL ESTATE AFFIDAVIT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Claim # _____

SMALL ESTATE AFFIDAVIT

[Note: For use only where the *total gross* property of the *entire estate* (not just the property held by Unclaimed Property Division) does not exceed \$20,000 and does not include real estate or an interest in real estate.

Disclaimer: This form is provided as a convenience only. The law may have changed. Please consult NRS 146.080 and any other relevant statutes. If you have questions, you must consult private counsel. The Division of Unclaimed Property cannot give legal advice.]

STATE OF NEVADA

COUNTY OF DOUGLAS

I, WALTER DUPUIS, being first duly sworn, upon oath says:

1. That I am person who has a right to succeed to the property of the decedent.
2. That the decedent, IRENE BASKIN (full name of decedent), died on FEB 20, 2014 (date of death), at RENOVON REGIONAL MEDICAL CENTER (place of death, e.g., city, county and state).
3. That the gross value of the decedent's property in this State, except amounts due the decedent for services in the Armed Forces of the United States, does not exceed \$20,000, and that the property does not include any real property nor interest therein, nor mortgage or lien thereon;
4. That at least 40 days have elapsed since the death of the decedent, as shown in the certificate of death of the decedent, a certified copy of which is attached to this affidavit;
5. That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
6. That all debts of the decedent, including funeral and burial expenses, and money owed to the Department of Health and Human Services as a result of the payment of benefits for Medicaid, have been paid or provided for;
7. That the decedent's property consists of the following, and I am entitled to the following share(s) of the property: (describe all of the known property of the decedent, and for each item, state the share you claim. If you are claiming less than a 100% share, list all other claimants and the share each claims)

- 8. That I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to mine, and that at least 14 days have elapsed since the notice was served or mailed;
- 9. That I am personally entitled, or the Department of Health and Human Services is entitled, to full payment or delivery of the property claimed or I am entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property; and,
- 10. That I acknowledge and understand that filing a false affidavit constitutes a felony in this State.
- 11. I further state that probate proceedings (check one):

Have taken place or are currently pending. Probate documents are attached, including any letters testamentary or other letters or petitions for issuance of letters

-or-

Have not taken place and are not currently pending.

- 12. The affiant further states that the decedent did / did not (circle one) leave a will. If the decedent did leave a will, a true and correct copy of the will is attached hereto. (Note: If the decedent did not leave a will, Form UP-40, Affidavit of Heirship, must also be completed.)

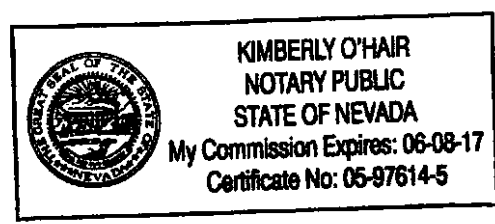
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 6 day of MARCH, 2014.

BY: Walter J. Dupont
(Affiant)

Notary Signature: Kimberly O'Hair

My Commission expires: 06.08.2017



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014003172
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Irene Clementina BASKIN		2. DATE OF DEATH (Mo/Day/Year) February 20, 2014		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not enter, give street and number) Renown Regional Medical Center		3e. If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4 SEX Female		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 27, 1956		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12 SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████████6829		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired). Housekeeper		14b KIND OF BUSINESS OR INDUSTRY Housekeeping	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
15d STREET AND NUMBER 4313 Kyle Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Larry DUPUIS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine GEIMER		18a INFORMANT- NAME (Type or Print) Walter DUPUIS		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 4313 Kyle Dr Wellington, Nevada 89444	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town, State Wellington Nevada 89444	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz Henry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED JAMSHED SAMREEN MD			22a. 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) February 26, 2014		21c. HOUR OF DEATH 14:42		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JAMSHED SAMREEN MD 1155 Mill St. Reno, NV 89501			
23b. LICENSE NUMBER LL2151		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 2014	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) Atrial fibrillation		Interval between onset and death	
		(b) Anoxic encephalopathy		Interval between onset and death	
		(c) Asystole		Interval between onset and death	
		(d) Unknown etiology		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC, SUICIDE, HOMICIDE, UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

0839135 Page 4 of 4

BK 0314
PG 757
3/6/2014

VRS-Rev-20120523a

3.20142 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records:

DATE ISSUED: 03/03/2014

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

