

17

Assessor's Parcel Number: 1319-18-310-014

Recording Requested By:

Name: FRANCIS J. SCANNAPIECO

✓ Address: P.O. Box 5962

City/State/Zip STATELINE NV.  
89449

Real Property Transfer Tax:

Doc Number: **0840938**

04/14/2014 09:54 AM

OFFICIAL RECORDS

Requested By  
FRANCIS SCANNAPIECO

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00  
Bk: 0414 Pg: 2263



Deputy sg

\$ \_\_\_\_\_

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, FRANCIS J. SCANNAPICCO 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, ROSALIE J. SCANNAPICCO (full name of decedent), died on 3/14/14 (date of death), at RENO (place of death, e.g., city, county and state). RENO-NV.
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.)

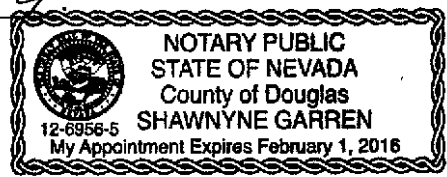
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 14 day of April, 2014.

BY: [Signature]  
(Affiant)

FRANCIS J. SCANNAPIECO

State of Nevada  
County of Douglas



Notary Signature: [Signature]

My Commission expires: 2/1/16

This instrument was acknowledged before me on 4/14/14 by Francis J. Scannapieco.

**STATE OF NEVADA**

**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

**2014005498**

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) <b>Rosalie J SCANNAPIECO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 14, 2014</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Intensive Care Unit (ICU)</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify <b>Yes - Mexican</b>		7a. AGE-Last birthday (Years) <b>71</b>	
7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 10, 1942</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Francis J SCANNAPIECO</b>			
13. SOCIAL SECURITY NUMBER <b>0864</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Nurse</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Stateline</b>	
15d. STREET AND NUMBER <b>400 Andria</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eutimio MARTINEZ</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margret MARINO</b>		
18a. INFORMANT- NAME (Type or Print) <b>Francis J SCANNAPIECO</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 5962 Stateline, Nevada 89449</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma-Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>778</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>	
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) <b>ELLEN G.I. CLARK M.D.</b> SIGNATURE AUTHENTICATED			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) <b>April 08, 2014</b>		21c. HOUR OF DEATH <b>19:03</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>March 14, 2014</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD AT (Hour) <b>19:03</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ellen, G.I. Clark M.D. PO Box 11130 Reno, NV 89520</b>				23b. LICENSE NUMBER <b>5850</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 09, 2014</b>		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) <b>Closed Head Injury with Intracranial Hemorrhage</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Presumed Blunt Force Trauma</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Cerebral Aneurysm Repair (5/2013); Encephalomalacia; Arteriosclerotic and Hypertensive Cardiovascular Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>UNDET.</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>March 01, 2014</b>		28c. HOUR OF INJURY <b>1637</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Unknown circumstances</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Parking Lot</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>168 U.S. 50 Stateline Nevada</b>	

STATE REGISTRAR

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BK : 04 14  
PG : 2266  
4/14/2014

VRS-Rev-20120523a

**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.

04/09/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:  
PENCO (Rev) 4/2012

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

