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Doc Number: **0841326**

04/21/2014 10:46 AM

OFFICIAL RECORDS

Requested By  
**SHERIE JOLLIFF**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0414 Pg: 3973



Deputy: gb

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By: Sherie Jolliff

Name: \_\_\_\_\_

Address: PO Box 472

City/State/Zip Belgrade MT 59714

Real Property Transfer Tax: \$ \_\_\_\_\_

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 \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I, Sherie M Sollitt, 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, Juanita E Goethina (full name of decedent), died on 01/26/2012 (date of death), at Gardnerville Nevada (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.)

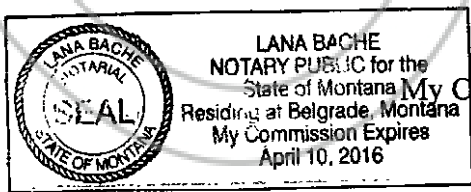
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 10 day of Oct, 2013.

BY: Sherie M. Jolliff  
Sherie M. Jolliff (Affiant)

Notary Signature: Lana Bache

Commission expires: 4-10-2016



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2012001158

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>Juanita Elaine GOETTINA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 26, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Gardnerville Health and Rehabilitation Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Nursing Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White (Specify)</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>May 07, 1924</b>	
7a. AGE - Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. Hispanic Origin? Specify <b>No - Non-Hispanic</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>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████████-1676</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>California</b>		15b. COUNTY <b>El Dorado</b>		15c. CITY, TOWN OR LOCATION <b>South Lake Tahoe</b>	
15d. STREET AND NUMBER <b>1411 Mount Rainer</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Matthew Edward SILVA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juanita Thelma SILVERFOOT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sherie JOLLIFF</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>101 7th Belgrade, Montana 59714</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Northern Nevada Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Fernley Nevada 89408</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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>JOSE ALFREDO AGUIRRE MD</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>January 27, 2012</b>		21c. HOUR OF DEATH <b>04:07</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) <b>Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		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). Interval between onset and death					
PART I (a) <b>Metastatic Breast Cancer</b>					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: 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) <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)		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	

STATE REGISTRAR

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BK 0414  
PG 3976  
4/21/2014

VRS-Rev-20110104

420045

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: 01/30/2012

*R. J. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

