	Doc Number:
Assessor's Parcel Number:	04/21/201 OFFICIAL REC
Recording Requested By: Sherie Jolliff	Requested By SHERIE JOLL
	DOUGLAS COUNT Karen Ellison
Name:	Page: 1 Of
Address: PO Box 472	Bk: 0414 Pg
City/State/Zip Belgrade HT 59714	
Real Property Transfer Tax: \$	

0841326 ORDS

IFF

Y RECORDERS - Recorder

Fee: \$ 17.00

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.

C\bc docs\Cover page for recording

PG: 3974 4/21/2014

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 hav Unclaim	e questions, you must consult private counsel. The Division of ed Property cannot give legal advice.]
STATE (	OF
COUNT	Y OF
I, <u>Sh</u>	erie m Sollia , 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, Juan ta E Goc (full name of decedent), died on OVab 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;
- That at least 40 days have elapsed since the death of the decedent, as shown in 4. 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)



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

-or
Have not taken place and are not currently pending.

I further state that probate proceedings (check one):

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	day of Oct	, 20 <u></u> 3.
	BY. Sher	yeur/	
S	herie Jolliff	(Affiant)	
	* 1.	2)	

April 10, 2016

11.

issuance of letters

LANA BACHE
NOTARY PUBLIC for the
State of Montana My Commission expires:

Residing at Belgrade, Montana
My Commission Expires

# STATE OF NEVADA CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

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Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703  24a REGISTRAR (Signature)  24b DATE RECEIVED BY REGISTRAR  24c DEATH DUE TO COMMUNICABLE (Mobay/Yr)  YES NO X  Interval between onset  OF PART I. (a) THER CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  DUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1  25c. AUTOPSY (Specify Yes or No)  27c. WAS CASSED  27c. AUTOPSY (Specify Yes or No)  28d. AUTOPSY (Specify Yes or No)  STATE REGISTRAR  BK Ø4 14  PG 3976  4/2 1/20 14	\\ <b>!</b>	D	acodina Alica Im		F. O		***
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STATE REGISTRAR  BK Ø4 14 PG 3976 Page 4 of 4 4/2 1/20 14				r - At Home, learn, street, rac	7		
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### 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

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

