

17  
Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: Judith K Polahar

✓ Address: 2786 Pamela Dr

City/State/Zip Minden, NV 89423

Real Property Transfer Tax:

Doc Number: **0843814**

06/02/2014 01:41 PM

OFFICIAL RECORDS

Requested By  
JUDITH K POLAHAR

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0614 Pg: 244



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 Carson  
~~Douglas~~

I, Judith Kay Polahan 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, Gerald Quentin Polahan (full name of decedent), died on May 3 (date of death), at 1087 Copper Dr (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)

*see attached*

8. That I have given written notice, by personal service or by certified mail, registered identifying my claim and describing the property claimed, to every person Teller To whose right to succeed to the decedent's property is equal or superior to mine, TAMARA Polahar Schoepemann, and that at least 14 days have elapsed since the notice was served or mailed; Daughter, Liwi IN Germany.

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.)

*The will was destroyed three years after his death. The executor is still living. - SEE ATTACHED AFFIDAVIT for*

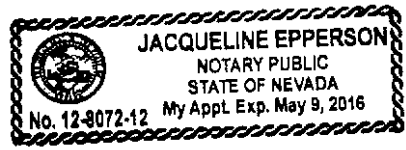
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. *John Donald Bird*

EXECUTED this 20 day of May, 2014.

BY: Judith Polahar  
(Affiant)

Notary Signature: Jacqueline Epperson

My Commission expires: May 9 2016



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER



0843814 Page: 4 of 5

BK 0614 PG 247 6/2/2014

BOOK 331 PAGE 677 LOCAL REGISTRAR'S NUMBER 339

CERTIFICATE OF REGISTRY OF MARRIAGE

(PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

10477

GROOM PERSONAL DATA

BRIDE PERSONAL DATA

AFFIDAVIT OF BRIDE AND GROOM

LICENSE TO MARRY

WITNESSES

CERTIFICATION OF PERSON PERFORMING CEREMONY

LOCAL REGISTRAR OF MARRIAGES COUNTY RECORDER

Form fields for Groom (Gerald Quentin Polahar), Bride (Judith Kay Thomas), parents, and residence information.

We, the bride and groom named in this certificate, each for himself, state that the foregoing information is correct to the best of our knowledge and belief...

22a. BRIDE (SIGNATURE) Judith Kay Thomas 22b. GROOM (SIGNATURE) Gerald Quentin Polahar

23a. Authorization and license is hereby given to any person duly authorized by the laws of the State of California to perform a marriage ceremony to solemnize the marriage of the above named persons...

23b. SUBSCRIBED AND SWORN TO BEFORE ME ON 8/7/1963 23c. DATE LICENSE ISSUED 8/7/1963 23d. EXPIRATION DATE 11/5/1963 23e. LICENSE NUMBER 3366 23f. COUNTY OF ISSUE OF LICENSE ORANGE 23g. COUNTY CLERK L. B. WALLACE

24a. SIGNATURE OF WITNESS Gene Arabia 24b. ADDRESS OF WITNESS 205 South Jensen Way Fullerton Calif 24c. ADDRESS OF WITNESS - CITY OR TOWN AND STATE Fullerton Calif 25a. SIGNATURE OF WITNESS Sharon Marsh 25b. ADDRESS OF WITNESS 11671 La Calina Dr. Santa Ana, Calif 25c. ADDRESS OF WITNESS - CITY OR TOWN AND STATE Santa Ana, Calif

26. I hereby certify that the above named bride and groom were joined by me in marriage in accordance with the laws of the State of California on August 10 1963 at Santa Ana Calif. California. 27a. NAME AND ADDRESS OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) E. W. ODELL 1518 - E. 20th ST. SANTA ANA, CALIFORNIA 27b. OFFICIAL TITLE AND DENOMINATION IF PRIEST OR MINISTER MINISTER OF ASSEMBLY OF GOD

28. DATE ACCEPTED FOR REGISTRATION AUG 12 1963 29. LOCAL REGISTRAR - SIGNATURE Guy M. Farland 27c. SIGNATURE OF PERSON PERFORMING CEREMONY E. W. Odell

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



\*00166063C\*

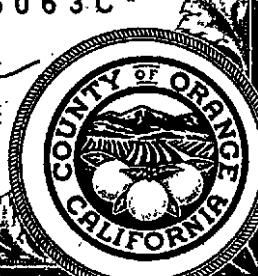
CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA COUNTY OF ORANGE SS DATE ISSUED APR 09 2014

Hugh Nguyen CLERK-RECORDER ORANGE COUNTY, CALIFORNIA

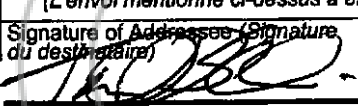

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# 8

Item Description (Nature de l'envoi)	<input type="checkbox"/> Registered Article (Envoi recommandé)	<input type="checkbox"/> Letter (Lettre)	<input type="checkbox"/> Printed Matter (Imprimé)	<input type="checkbox"/> Other (Autre)	<input type="checkbox"/> Recorded Delivery (Envoi à livraison attestée)	<input type="checkbox"/> Express Mail International
	<input checked="" type="checkbox"/> Insured Parcel (Colis avec valeur déclarée)	Insured Value (Valeur déclarée)		Article Number LA728730410US		
Office of Mailing (Bureau de dépôt) CARSON CITY NV 89701				Date of Posting (Date de dépôt) 4/29/2014		
Addressee Name or Firm (Nom ou raison sociale du destinataire) TAMARA SCHOEVEHANN						
Street and No. (Rue et No.) Am Anger 20						
Place and Country (Localité et pays) 86559 Landmannsdorf GERMANY						
This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)						Postmark of the office of destination (Timbre du bureau de destination)
<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)				Date 16/05/14		
Signature of Addressee (Signature du destinataire) 			Office of Destination Employee Signature (Signature de l'agent du bureau de destination) 			

Form 2865, February 1997 (Reverse)