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Doc Number: **0847593**

08/08/2014 09:23 AM

OFFICIAL RECORDS

Requested By:

DARRELL STONE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0814 Pg: 1518



Deputy sd

Assessor's Parcel Number: _____

Recording Requested By:

✓ Name: Edwin Darrell Stone

Address: 18023 Lawrence Way

City/State/Zip Grass Valley, CA 95949

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.

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Document Code _____
(Your name) Edwin Darrell Stone
(Address) 18023 Lawrence Way
Grass Valley, CA 95949
(Telephone) (530) 273-4776
In Proper Person

DISTRICT COURT

Douglas COUNTY, NEVADA

In the Matter of the
Estate of: Julie Ann Stone

CASE NO.: _____
DEPT. NO.: _____

SMALL ESTATE AFFIDAVIT

Collection of Personal Property

State of Nevada

County of Douglas

I, Edwin Darrell Stone, upon being duly sworn, state on my oath

that:

1. My post office address is: 18023 Lawrence Way
Grass Valley, CA 95949

2. My residence address is: 18023 Lawrence Way
Grass Valley, CA 95949

1 3. I am a legal successor to the decedent, Julie Ann Stone
2 who resided at Gardnerville Nevada at the time of death, and
3 am entitled by law to succeed to the property claimed.

4
5 4. I am entitled to be named as a successor to the decedent due to my relationship
6 to the decedent, or I have a claim to the personal property of the decedent, namely:
7 I am the father of the decedent.

8
9 5. The decedent passed from this life on the 14th day of
10 June, 20 14.

11
12 6. The gross value of the decedent's property in this state, except amounts due to the
13 decedent for services in the Armed Forces of the United States, does not exceed
14 \$100,000, and that the property does not include any real property nor interest therein,
15 nor mortgage or lien thereon.

16
17 7. At least forty (40) days have elapsed since the death of the decedent.

18
19 8. That no petition for the appointment of a personal representative is pending or
20 has been granted in any jurisdiction.

21
22 9. I am entitled to payment or delivery of the property hereby claimed.
23
24
25

1 10. That all debts of the decedent, including funeral and burial expenses, and money
2 owed to the department of human resources as a result of the payment of benefits for
3 Medicaid, have been paid or provided for.

5 11. The following is a description of personal property of the decedent known to the
6 affiant and the portion claimed hereby: 100 % of :

Checking and savings accounts
at Wells Fargo Bank
Investment account at
Stifel, Nicolaus and Co.

9 12. The affiant has given written notice, by personal service or by certified mail,
10 identifying the affiant's claim and describing the property claimed, to every person
11 whose right to succeed to the decedent's property is equal or superior to that of the
12 affiant, and that at least 14 days have elapsed since the notice was served or mailed;

14 13. **The affiant is personally entitled, or the department of human resources is**
15 **entitled, to full payment or delivery of the property claimed or is entitled to**
16 **payment or delivery on behalf of and with the written authority of all other**
17 **successors who have an interest in the property.**

19 14. The affiant hereby acknowledges and understands that the filing of a false
20 affidavit constitutes a felony in this state.

22 THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

23 Edwin Darrell Stone
24 Signature of Affiant

See Attached

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Nevada

On July 30, 2014 before me, Sandra E. Cuva, Notary Public
(Here insert name and title of the officer)

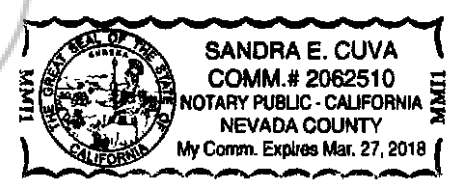
personally appeared Edwin D. Stone

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sandra E. Cuva, Notary Public
(Signature of Notary Public) (Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

Small Estate Affidavit
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 3 Document Date 7/30/14

N/A
(Additional information)

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____