

19-

APN# _____



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: RONALD L. PASCOE

Address: 1550 DOWNS RD

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

SMALL ESTATE AFFIDAVIT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

[Handwritten Signature]

Signature

RONALD L. PASCOE

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

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, RONALD L. PASCOE, 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, TERRY LEE PASCOE (full name of decedent), died on 12/01/2010 (date of death), at TENO, NEVADA, WASHOE (place of death, e.g., city, county and state) COUNTY
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.

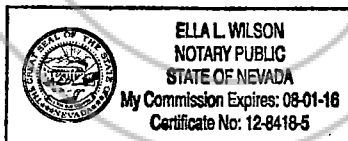
EXECUTED this 3 day of JULY, 2016.

BY: [Signature]
(Affiant)

RONALD L. PASCOE

Notary Signature: [Signature]

My Commission expires: 08/01/2016





CLAIM # _____

AFFIDAVIT OF HEIRSHIP

DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR IF THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of: TERRY LEE PASCOE
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: RONALD L. PASCOE who, being first duly
("Affiant")
sworn upon his/her oath states:

1.

MY NAME IS:	<u>RONALD L. PASCOE</u>
I RESIDE AT:	<u>1550 DOWNS DRIVE, MINDEN, NEVADA 89423</u>
DECEDENT WAS MY(RELATION):	<u>BROTHER</u>

I am personally familiar with the family and marital history of TERRY LEE PASCOE, and I have personal knowledge
("Decedent")
of the facts stated in this affidavit.

2.

I KNEW THE DECEDENT	FROM: <u>10/30/1944</u>	UNTIL: <u>12/01/2010</u>
DECEDENT DIED ON	MONTH: <u>DECEMBER</u>	DATE: <u>01</u> YEAR: <u>2010</u>
DECEDENT'S PLACE OF DEATH	CITY: <u>RENO</u>	STATE: <u>NEVADA</u> COUNTY: <u>WASHOE</u>
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY: <u>MINDEN</u>	STATE <u>NEVADA</u> COUNTY <u>DOUGLAS</u>

3. Provide information on the decedent's marital history: (If never married, indicate below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
<u>NEVER MARRIED</u>			

4. Provide the following information on the decedent's natural born and adopted children: (If none, indicate below.)

CHILD'S NAME & CURRENT ADDRESS	BIRTH DATE	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<u>NONE</u>			

5. Provide the following information on the decedent's grandchildren, born only to the deceased children in item 4 above. (If none, indicate below.)

GRANDCHILD'S NAME/ CURRENT ADDRESS	BIRTH DATE	NAME OF GRANDCHILD'S DECEASED PARENT
NONE		

6. If the decedent never married and did not have any children, provide the following information on the decedent's parents:

DECEDENT'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	DATE OF PARENT'S DEATH
MOTHER	MARGARET BETH TASCOE	4/21/2015
FATHER	CHARLES LEWIS TASCOE	5/08/1994

7. Provide the following information on the decedent's brothers and/or sisters: (If none, indicate below.)

BROTHER OR SISTER NAME/ CURRENT ADDRESS	BIRTH DATE	BROTHER/SISTER DATE OF DEATH
RONALD L. TASCOE 1550 DOWNS DRIVE, MINDEN, NEVADA 89423	6/07/1941	

8. Provide the following information on the decedent's nieces and/or nephews born only to the decedent's brothers/sisters in item 7 above: (If none, please state below.)

NIECE OR NEPHEW NAME/ CURRENT ADDRESS	BIRTH DATE	NIECE OR NEPHEW DECEASED PARENTS
DEBORAH ANNE TASCOE 235 SARAH DR. CARSON CITY NEVADA 89706	10/16/1969	
MATTHEW LINCOLN TASCOE 10014 HORNBLADE, RENO, NV 89506	6/28/1972	

The affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in this state.

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 _____, 20_____.

BY: _____
(Affiant)

Notary Signature: _____

My Commission expires: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010018454

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) Terry Lee PASCOE		2. DATE OF DEATH (Mo/Day/Year) December 01, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Veterans Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 30, 1944		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████-2642		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Executive Courier		14b. KIND OF BUSINESS OR INDUSTRY Aggregate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1550 Downs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Charles L PASCOE			17. MOTHER - NAME (First Middle Last Suffix) Margaret B CROWELL		
18a. INFORMANT- NAME (Type or Print) Ronald PASCOE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1550 Downs Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 806		20c. NAME AND ADDRESS OF FACILITY Final Wishes 437 Stoker Avenue Reno NV 89503	
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) REED W. DOPF <i>SIGNATURE AUTHENTICATED</i>			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) December 06, 2010		21c. HOUR OF DEATH 07:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) REED W. DOPF 1000 Locust St. Reno, NV 89502				23b. LICENSE NUMBER LL1712	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 2010		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				Interval between onset and death	
(a) Intracranial bleed, non-traumatic				:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Metastatic melanoma				:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Etiology unknown				:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				:	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

3566993

000059563

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.

12/28/2010

DEPUTY REGISTRAR

May - A R
SIGNATURE AUTHENTICATED

DATE ISSUED:
PENCO (Rev) 12/09

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

VRS-Rev-20100216



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE