

JUDITH A SULLIVAN APN# Recording Requested by/Mail to: Name: TUDITHA, SULLIVAL KAREN ELLISON, RECORDER Address: 1230 JACKIE LN City/State/Zip: MINDEN, NV89423 **Mail Tax Statements to:** Name: SAIME Address: City/State/Zip: mall Estate Offidavit, Affidavidor Kirship 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) Signature Printed Name This document is being (re-)recorded to correct document # \_\_\_\_\_\_ and is correcting

DOUGLAS COUNTY, NV

Rec:\$20.00

Total:\$20.00

2016-889539

Pgs=7

10/24/2016 02:23 PM

## **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.]

COUNTY OF DOUGLAS

I, JUDITH A. SULLIVAN, 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, PATRICK Douglass HE (full name of decedent), died on 9/9/16 (date of death), at CHULA VISTA, SAN DIEGO, CA (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 24 day of OCTOBER, 20 16.

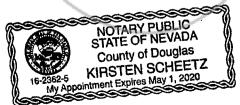
BY: July 17H Ann Sullivan

Jud 17H Ann Sullivan

Notary Signature:

My Commission expires:

5/1/2020





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.

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Affidavit of facts concerning the	identity of Heirs for the estate o	of: PATRICK DOL	LGLASS HELTON					
		Turit	4.Surryan who, being first duly					
<b>BEFORE</b> me, the undersigned	authority, on this day personally	y appeared: $3001144$	ffiant") who, being first duly					
sworn upon his/her oath states:								
1.								
MYNAME IS: JUDI	THA. SULLIU.	An						
I RESIDE AT: 1230	JACKIELN N	MINDER, MI	189423					
DECEDENT WAS MY(RELATION):  BROT	·HER_							
I am personally familiar with th	e family and marital history of	PATRICK DI HE	LTD Yand I have personal knowledge					
of the facts stated in this affidavit.								
		\ \ /						
2.	- 71,5/1/	115 g / g	1/16					
I KNEW THE DECEDENT	FROM: 7/15/46	Until: 7/						
DECEDENT DIED ON	MONTH: SEPT	DATE: 9	YEAR: 2016					
DECEDENT'S PLACE OF DEATH	CITY CHULAVISTA	STATE: CA	COUNTY SAN DIEGO					
DECEDENT'S RESIDENCE AT TIME		STATE Y V	COUNTY DOUGLAS					
OF DEATH:	1							
3. Provide information on the d NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH					
	DATE OF MARKINGS	DIMEGI DIVORCE						
NONE	· · · · · · · · · · · · · · · · · · ·							
4. Provide the following inform	ation on the decedent's natural	born and adopted children	: (If none, indicate below.)					
CHILD'S NAME & CURRENT	BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH					
None								
-	//							
	/							

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/ BIRTH NAME OF GRANDCHILD'S DECEASED PARENT CURRENT ADDRESS DATE nonE 6. If the decedent never married and did not have any children, provide the following information on the decedent's parents: PARENT'S NAME/ DATE OF DECEDENT'S PARENT'S DEATH CURRENT ADDRESS PARENTS HELTON MOTHER HURSHEL OLING HELTON **FATHER** 7. Provide the following information on the decedent's brothers and/or sisters: (If none, indicate below.) BROTHER/SISTER BROTHER OR SISTER NAME/ BIRTH DATE OF DEATH CURRENT ADDRESS DATE E. HELTON DANIEL MARGARETHELTON BROWN JUDITH A. SULLIVAN 1230 TACKIE LM MINDEN, 1789423 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.) BIRTH NIECE OR NEPHEW NIECE OR NEPHEW NAME/ DECEASED PARENTS CURRENT ADDRESS DATE 20866 ROCHELLE BROWN PORTER MARGARET NIECE 3307 LYNCREST CTBURTONSVILLE, MARGARET MEPHEW VINCENT S. BROWN 1731ANDREWCROCKETT. BRENTWOOT, TN STEPHANIE BROWN RICHARDS MIECE Į 2086 BOI LYNCREST CT BURTONSVILLE, MD 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. Notary Signature: My Commission expires:

Revised: 02/22/10—UP 40

NOTARY PUBLIC STATE OF NEVADA County of Douglas KIRSTEN SCHEETZ

My Appointment Expires May 1, 2020

5 HAVN Extelton 6/22/65 Daniel Rephew Mark B. Sullwan 7/30/65 Judith - Hephewo 135 Del Monte In -Morgan Fell, Ca 95837 Tregory A. Sallwan 579 North Brook 91914 Chila Wista, Ca 91914

## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## **COUNTY OF SAN DIEGO**

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County of San Diego -Health & Human Services Agency - 3851 Rosectans Street. This is to certify that, it bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilmed - Waster, M.D.

DATE ISSUED: September 21, 2016

WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



