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APN# \_\_\_\_\_

Recording Requested by/Mail to:

Name: JUDITH A. SULLIVAN

Address: 1230 JACKIE LN

City/State/Zip: MUNDEN, NV 89423

Mail Tax Statements to:

Name: SAME

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



KAREN ELLISON, RECORDER

*Small Estate Affidavit, Affidavit of Kinship*  
**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, 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 HEETON (full name of decedent), died on 9/9/16 (date of death), at CHULLAVISTA, 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.)

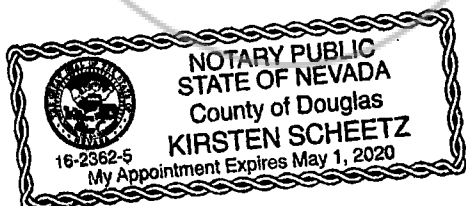
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 24 day of OCTOBER, 2016.

BY: Judith Ann Sullivan  
 (Affiant)  
 JUDITH ANN SULLIVAN

Notary Signature: [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.**

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of: PATRICK DOUGLASS HELTON  
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: JUDITH A. SULLIVAN who, being first duly sworn upon his/her oath states:

1.

MY NAME IS:	JUDITH A. SULLIVAN
I RESIDE AT:	1230 JACKIE LN MINDEN, NV 89423
DECEDENT WAS MY (RELATION):	BROTHER

I am personally familiar with the family and marital history of PATRICK D. HELTON and I have personal knowledge of the facts stated in this affidavit.  
("Decedent")

2.

I KNEW THE DECEDENT	FROM: 7/15/46	UNTIL: 9/9/16	
DECEDENT DIED ON	MONTH: SEPT	DATE: 9	YEAR: 2016
DECEDENT'S PLACE OF DEATH	CITY: CHULA VISTA	STATE: CA	COUNTY: SAN DIEGO
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY: MINDEN	STATE: NV	COUNTY: DOUGLAS

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
NONE			

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
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/ 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 JUNE HELTON	6/27/02
FATHER	MURSHEL OLING HELTON	9/1963

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
DANIEL E. HELTON MARGARET HELTON BROWN	5/7/39	11/5/1997
MARGARET HELTON BROWN	4/16/32	10/1/2011
JUDITH A. SULLIVAN 1230 JACKIE LN MINDEN, NV 89423	11/6/42	

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
20866 ROCHELLE BROWN PORTER 3307 LYNCREST CT BURTONSVILLE, MD	9/27/57	MARGARET NIECE
37027 VINCENT S. BROWN 1731 ANDREW CROCKETT, BRENTWOOD, TN	8/30/60	MARGARET NEPHEW
20866 STEPHANIE BROWN RICHARDS 3301 LYNCREST CT BURTONSVILLE, MD	2/22/65	11 NIECE

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

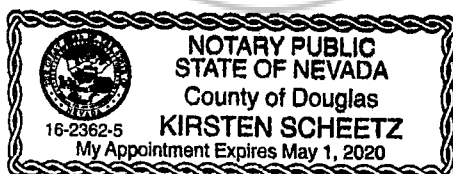
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 24 day of OCTOBER, 2016.

BY: Judith Ann Sullivan  
(Affiant)

Notary Signature: [Signature]

My Commission expires: 5/1/2020



SHAWN E. Helton 6/22/65 Daniel Hephew

1103 Buckhorn  
Garner, N.C 27529

Mark B. Sullivan 7/30/65

135 Del Monte Ln  
Moraga Hill, Ca 95837

Judith - Hephew

Gregory P. Sullivan

579 Northbrook  
Chula Vista, Ca 91914

Judith Hephew

COPY



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052016182479

CERTIFICATE OF DEATH

3201637015554

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if 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

Wilma J. Wooten, M.D.

DATE ISSUED: September 21, 2016 WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



A003067058

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASANDIEO.I.