



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Alex Matthew Burciaga
Address: 983 Aspen Grove Circle
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Same
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)

Alex
Signature

Alex Burciaga
Printed Name

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

\$1.00 Additional Recording Fee for Use of This Page

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, Alex Matthew Burciaga, 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, Kerry Brook Burciaga (full name of decedent), died on September 10, 2017 (date of death), at Carson City, Carson City Co, Nevada (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)
100% of all property

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.)

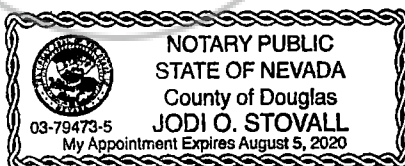
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 11th day of MAY, 2017.

BY: Alex Burciaga
 (Affiant)

Notary Signature: Jodi O. Stovall

My Commission expires: 8-5-20



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3914678

CERTIFICATE OF DEATH

2016019736
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
STAYING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|--|--|--|--|--|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kerry Brook BURCIAGA | | 2. DATE OF DEATH (Mo/Day/Year) September 10, 2016 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient(Specify)) 2749 S. Carson Street Motel 6 | | 4. SEX Female | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 34 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Arkansas | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| 13. SOCIAL SECURITY NUMBER 6978 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 983 Aspen Grove Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Alex BURCIAGA | |
| 11. MARITAL STATUS (Specify) Married | | 11. MOTHER/PARENT - NAME (First Middle Last Suffix) Phyllis CRANE | | 11. FATHER/PARENT - NAME (First Middle Last Suffix) Gary MAXWELL | |
| 18a. INFORMANT- NAME (Type or Print) Alex BURCIAGA | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 983 Aspen Grove Circle Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 19c. LOCATION City or Town State Reno Nevada | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 854 | | 20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706 | |
| 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) RUTH RHINES | | | 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) RUTH RHINES | | |
| 21b. DATE SIGNED (Mo/Day/Yr) November 02, 2016 | | 21c. HOUR OF DEATH 11:05 | | 22b. DATE SIGNED (Mo/Day/Yr) November 02, 2016 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 11:05 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) September 10, 2016 | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701 | | | |
| 23b. LICENSE NUMBER 9307 | | 24a. REGISTRAR (Signature) VERALYNN A BOYACK | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 02, 2016 | |
| 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 | | | |
| (a) Asphyxia | | Interval between onset and death | | | |
| (b) Helium Poisoning | | Interval between onset and death | | | |
| (c) | | Interval between onset and death | | | |
| (d) | | Interval between onset and death | | | |
| 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) Yes | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide | | | |
| 28b. DATE OF INJURY (Mo/Day/Yr) September 10, 2016 | | 28c. HOUR OF INJURY 1105 | | 28d. DESCRIBE HOW INJURY OCCURRED Consumed Gas | |
| 28e. INJURY AT WORK (Specify Yes or No) No | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Hotel/Motel | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 2749 S Carson St # 227 Carson City Nevada | |

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

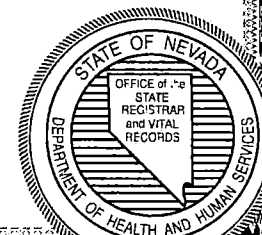
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

11/15/2016

DATE ISSUED:

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

Cody P. Hines
SIGNATURE AUTHENTICATED
STATE REGISTRAR



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]