



KAREN ELLISON, RECORDER

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

**Recording Requested by/Mail to:**

Name: Deborah Prioriello

Address: 845 Rubio Way

City/State/Zip: Gardnerville, NV 89460

**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)

Deborah Prioriello  
Signature

Deborah Prioriello  
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, Deborah A. Prioriello, 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, Russell S. Rodgers (full name of decedent), died on July 8, 2017 (date of death), at Gardnerville, Douglas, NV (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.)

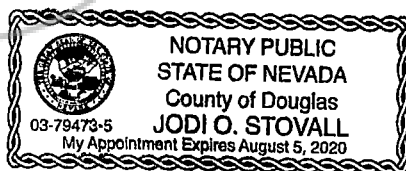
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 7<sup>th</sup> day of November, 2017.

BY: Deborah Prioriello  
 (Affiant)  
 Deborah Prioriello

Notary Signature: Jodi O. Stovall

My Commission expires: 8-5-20





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: Russell Samuel Rodgers  
("Decedent")

**BEFORE** me, the undersigned authority, on this day personally appeared: \_\_\_\_\_ who, being first duly sworn upon his/her oath states:  
("Affiant")

1.

MY NAME IS:	<u>Deborah A. Prioriello</u>
I RESIDE AT:	<u>845 Rubio Way, Gardnerville, NV 89460</u>
DECEDENT WAS MY(RELATION):	<u>Father</u>

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

2.

I KNEW THE DECEDENT	FROM: <u>4/26/1957</u>	UNTIL: <u>7/8/2017</u>
DECEDENT DIED ON	MONTH: <u>July</u>	DATE: <u>8</u> YEAR: <u>2017</u>
DECEDENT'S PLACE OF DEATH	CITY: <u>Gardnerville</u>	STATE: <u>NV</u> COUNTY: <u>Douglas</u>
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY: <u>Gardnerville</u>	STATE: <u>NV</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>Catherine C. Rodgers</u>	<u>10/8/1949</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>Gregory Rodgers</u> <u>San Pedro, CA</u>	<u>9/26/1954</u>	<u>Catherine Rodgers</u>	
<u>Deborah Prioriello</u> <u>Gardnerville, NV</u>	<u>4/26/1957</u>	<u>Catherine Rodgers</u>	
<u>Curt Rodgers</u> <u>San Ramon, CA</u>	<u>1/19/1960</u>	<u>Catherine Rodgers</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		
FATHER		

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
Marie Reeves		2014
Lynda Larson		2016

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

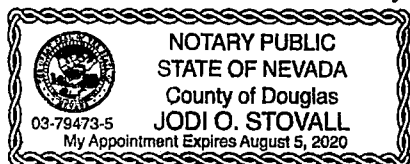
The affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in this state.

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

EXECUTED this 7<sup>th</sup> day of November, 2017.

BY: Deborah Prioriello  
(Affiant)  
Deborah Prioriello

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. 3966240

**CERTIFICATE OF DEATH**

2017013400  
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) <b>Russell Samuel RODGERS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 08, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar <b>845 Rubio Way</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>94</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 26, 1923</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Catherine MAENE</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-8470</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Insurance Salesman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>845 Rubio Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Lester RODGERS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy BAKER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Debbie PRIORIELLO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>845 Rubio Way Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Northern Nevada Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Fernley Nevada 89408</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>NITA SCHWARTZ MD</b>			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) <b>July 12, 2017</b>		21c. HOUR OF DEATH <b>14:18</b>		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 19, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cerebrovascular Atherosclerosis</b> Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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



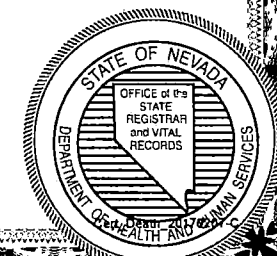
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **7/20/2017**

*Cody L. Hines*  
**SIGNATURE AUTHENTICATED**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE