



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Scott Douglas Teig

Address: 632 BLUEROCK Rd.

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)

Scott D. Teig
Signature

Scott D. Teig
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, Scott Douglas Teib, 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, Douglas Mayer Teib (full name of decedent), died on 3-29-18 (date of death), at Sierra Motel (place of death, e.g., city, county and state). Gardnerville NV.
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.)

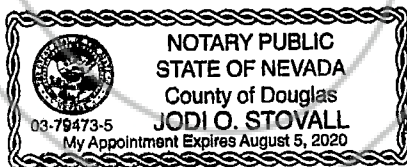
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 11 day of May, 20 18.

BY: Scott D. Teib

(Affiant)

SCOTT DOUGLAS TEIB



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. 4012621

CERTIFICATE OF DEATH

2018006900
STATE FILE NUMBER

DECEDENT	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Douglas Mayer TEIG		2. DATE OF DEATH (Mo/Day/Year) March 29, 2018		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Motel) Sierra Motel		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Motel		
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		
PARENTS	8. DATE OF BIRTH (Mo/Day/Yr) June 28, 1938		9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		
	13. SOCIAL SECURITY NUMBER ██████-3232		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 Gardnerville		
DISPOSITION	15d. STREET AND NUMBER 1501 US Hwy 395		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Curly TEIG		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clara HAGEN		18a. INFORMANT- NAME (Type or Print) Bruce BERTRAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1025 Nobel Ct Minden, Nevada 89423		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations		
TRADE CALL	20d. SIGNATURE AUTHENTICATED		20e. LICENSE NUMBER FD823		20f. ADDRESS OF FACILITY 1521 Church Street Gardnerville NV 89410		
	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)			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)			22b. DATE SIGNED (Mo/Day/Yr)			
CERTIFIER	21c. HOUR OF DEATH			22c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD AT (Hour)			
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)			
	21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22f. PRONOUNCED DEAD AT (Hour)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423			23b. LICENSE NUMBER			
	24a. REGISTRAR (Signature) BLAISE SATARIANO			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 2018			
	24c. SIGNATURE AUTHENTICATED			24d. 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).)						
CAUSE OF DEATH	PART I (a) Atherosclerotic And Hypertensive Cardiovascular Disease			Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			
	(b) Atherosclerotic Coronary Artery Disease			Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			
(c) Dyslipidemia			Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
(d) Carotid Artery Stenosis With Remote Endarterectomy And Hypertension			Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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)		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		28h. STATE	

STATE REGISTRAR



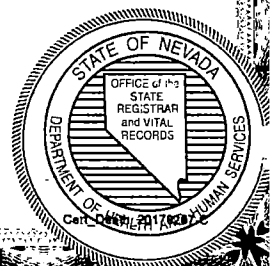
CERTIFIED COPY OF VITAL RECORDS

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: **4/27/2018**

Rod White
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