

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

Recording Requested by/Mail to:

Name: Vicki Louden

Address: 1403 Leonard Rd

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: \_\_\_\_\_

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

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



KAREN ELLISON, RECORDER

Small Estate Affidavit

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain 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)

Vicki Louden  
Signature

VICKI LEE LOUDEN  
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, Vicki Lee Loudon, 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, Anthony Lee Loudon (full name of decedent), died on Jan. 12, 2019 (date of death), at Gardnerville, NV, Douglas Co (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.

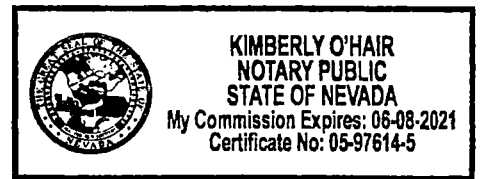
12. The affiant further states that the decedent did / did not (circle one) leave a will. If the decedent did leave a will, a true and correct copy of the will is attached hereto. (Note: If the decedent did not leave a will, Form UP-40, Affidavit of Heirship, must also be completed.)

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

EXECUTED this 22 day of January, 2019.

BY: Wicki Louder  
(Affiant)

State of Nevada  
County of Douglas



Notary Signature: Kimberly O'Hair

My Commission expires: 06-08-2021

As appeared before me and being identified to my satisfaction.

**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: Anthony Lee Loudon  
("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>Vicki Lee Loudon</u>
I RESIDE AT:	<u>1403 Leonard Rd Gardnerville, NV 89460</u>
DECEDENT WAS MY(RELATION):	<u>husband</u>

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

2.

I KNEW THE DECEDENT	FROM: <u>2/14/06</u>	UNTIL: <u>1/2/09</u>
DECEDENT DIED ON	MONTH: <u>January</u>	DATE: <u>12</u> YEAR: <u>2019</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>Vicki Lee Loudon</u>	<u>1/28/2013</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>Ashlee Elizabeth Loudon</u>	<u>4/2/89</u>	<u>Shannon Hughes</u>	<u>N/A</u>