



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: JAY HUTCHISON

Address: PO Box 533

City/State/Zip: Williams Town NV 89444

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
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)

J. Hutchison
Signature

JAY HUTCHISON
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 NV)

COUNTY OF DOUGLAS)

I, JAY HUTCHISON, 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, Delores L. Hutchison (full name of decedent), died on 09-10-16 (date of death), at CARSON CITY 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-

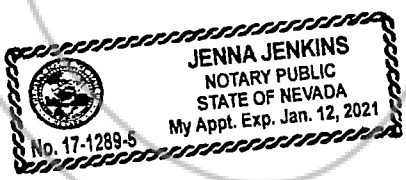
Have not taken place and are not currently pending.

- 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 7th day of MARCH, 2019.

BY: *Jy H...*
(Affiant)



Notary Signature: *Jenna Jenkins*

My Commission expires: 1-12-2021



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: Dolores L Hutchison
("Decedent")

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

1.

MY NAME IS:	<u>JAY A HUTCHISON</u>
I RESIDE AT:	
DECEDENT WAS MY (RELATION):	

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

2.

I KNEW THE DECEDENT	FROM:	UNTIL:	
DECEDENT DIED ON	MONTH: <u>MARCH</u>	DATE: <u>20</u>	YEAR: <u>2016</u>
DECEDENT'S PLACE OF DEATH	CITY: <u>CANSON CITY</u>	STATE: <u>NV</u>	COUNTY:
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

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>JAY HUTCHISON</u>	<u>10/4/52</u>		

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3885198

2016005119
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) Delores L HUTCHISON		2. DATE OF DEATH (Mo/Day/Year) March 20, 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 and Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient	
4. SEX Female		5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 18, 1926		9a. STATE OF BIRTH (If not US/CA, name country) California		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 -1562		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 730 Mustang Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank PARKAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) RoseMary KAISER		18a. INFORMANT - NAME (Type or Print) Jay HUTCHISON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1026 Dresslerville Rd Gardnerville, Nevada 89460	
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) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) March 24, 2016		21c. HOUR OF DEATH 17:25		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 24, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Toxic Metabolic Encephalopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Renal Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Diabetes Mellitus				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. Congestive Heart Failure Cerebrovascular Accident				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., BOND OR HOW OBT. 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

VRS-Rev-20120523a

621607

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.

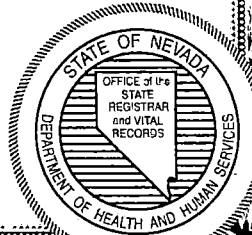
DATE ISSUED:

3/31/2016

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

SIGNATURE AUTHENTICATED

STATE REGISTRAR



Cody P. Phinney
STATE REGISTRAR