



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Alois Betschart

Address: PO Box 815

City/State/Zip: Zephyr Cove NV 89448

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)

SMALL ESTATE AFFIDAVIT

Signature

Alois Betschart
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, Alois Betschart, 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, Alois Josef Betschart (full name of decedent), died on 3-17-19 (date of death), at Stakeline Rd Douglas (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 30 day of July 2019.

BY: Alois Betschart
(Affiant)

STATE OF Nevada
COUNTY OF Douglas

This instrument was acknowledged before me on

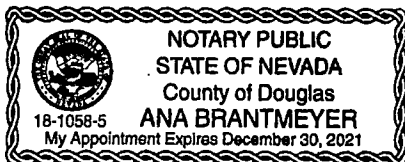
this 30 day of July, 2019

by Alois Betschart
Betschart ***

A Brantmeier
Notary Public

Notary Signature: A Brantmeier

My Commission expires: 12/30/21





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: Alois Josef Betschant
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: _____ who, being first duly sworn upon his/her oath states:

1.

MY NAME IS:	<u>Alois Betschant</u>
I RESIDE AT:	<u>Zephyr Cove NV</u>
DECEDENT WAS MY(RELATION):	<u>Father</u>

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

2.

I KNEW THE DECEDENT	FROM: <u>5-27-76</u>	UNTIL: <u>3-17-19</u>	
DECEDENT DIED ON	MONTH: <u>3 March</u>	DATE: <u>17</u>	YEAR: <u>2019</u>
DECEDENT'S PLACE OF DEATH	CITY: <u>STATeline</u>	STATE: <u>NV</u>	COUNTY: <u>Douglas</u>
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY: <u>STATeline</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>Barrett Betschant</u>	<u>12-8-75</u>	<u>7-26-91</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>CHRIS Betschant</u>	<u>6-12-77</u>	<u>Barrett Betschant</u>	
<u>Timothy Betschant</u>	<u>8-7-84</u>	<u>Barrett Betschant</u>	

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4072265

CERTIFICATE OF DEATH

2019005200
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) Alois Josef BETSCHART		2 DATE OF DEATH (Mo/Day/Year) March 17, 2019		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN OR LOCATION OF DEATH Stateline		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either give street and 130 Woodland Way		3e If Hosp or inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 78		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY	
8 DATE OF BIRTH (Mo/Day/Yr) April 12, 1940		9a STATE OF BIRTH (If not US/CA, name country) Switzerland		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER -0226		14a USUAL OCCUPATION (Give Kind of Work Done During Most of REAL ESTATE INVESTOR		14b KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Stateline	
15d STREET AND NUMBER 130 Woodland Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Alois BETSCHART			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary HOLDENER		
18a INFORMANT- NAME (Type or Print) Alois Josef BETSCHART		18b MAILING ADDRESS (Street or R F D No City or Town, State Zip) 272 Elks Point Road Zephyr Cove, Nevada 89448			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
21 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) STEVEN L BROOKS MD			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) March 18, 2019		21c HOUR OF DEATH 13:10		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) Steven L Brooks MD PO Box 5637 Stateline, NV 89449				23b LICENSE NUMBER 5124	
24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 18, 2019		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) Metastatic Colon Cancer DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____				Interval between onset and death 2 Years Interval between onset and death Interval between onset and death 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 (Speci Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

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.

DATE ISSUED: **MAR 21 2019**

June Katschewa
STATE REGISTRAR

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

