



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Leona Justinich
Address: 1412 Leonard 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
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)

Leona Justinich
Signature

Leona Justinich
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, Leona Justinich, being first duly sworn, upon oath says:

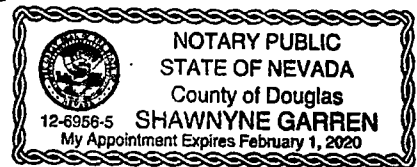
1. That I am person who has a right to succeed to the property of the decedent.
2. That the decedent, Jason Daniel Justinich (full name of decedent), died on 12/22/12 (date of death), at Reno, Nevada (place of death, e.g., city, county and state). Renown Hospital/Washoe
3. That the gross value of the 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 15 day of August, 20 19.

BY: Leona Justinich
 (Affiant)
 Leona Justinich



Notary Signature: Shawnyne Garren

My Commission expires: 2/1/20



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: Jason Daniel Justinich
("Decedent")

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

1.

| | |
|----------------------------|--|
| MY NAME IS: | <u>Leona Justinich</u> |
| I RESIDE AT: | <u>1412 Leonard Rd. Gardnerville NV. 89460</u> |
| DECEDENT WAS MY(RELATION): | <u>Son</u> |

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

2.

| | | |
|--|------------------------------|---|
| I KNEW THE DECEDENT | FROM: <u>October 6, 1981</u> | UNTIL: <u>11/22/12</u> |
| DECEDENT DIED ON | MONTH: <u>November</u> | DATE: <u>22</u> YEAR: <u>12</u> |
| DECEDENT'S PLACE OF DEATH | CITY: <u>Reno</u> | STATE: <u>NV.</u> COUNTY: <u>Washoe</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>Krystal Newman</u> | <u>9-18-07</u> | <u>June 09</u> | <u>NONE</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>Damien Justinich</u> <u>1412 Leonard Rd.</u> | <u>8/02/01</u> | <u>NONE</u> | <u>NONE</u> |
| <u>Leiland Justinich</u> <u>?</u> | <u>6/13/08</u> | <u>Krystal Newman</u> | <u>NONE</u> |
| | | | |
| | | | |
| | | | |

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012021393
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) Jason Daniel JUSTINICH | | 2. DATE OF DEATH (Mo/Day/Year) November 22, 2012 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 31 | |
| 5. RACE White (Specify) | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MIN | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 06, 1981 | | 9a. STATE OF BIRTH (if not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| 13. SOCIAL SECURITY NUMBER ██████████-4161 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper | | 14b. KIND OF BUSINESS OR INDUSTRY Home Improvement | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1412 Leonard Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Samuel JUSTINICH | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leona E SNOGRASS | | |
| 18a. INFORMANT- NAME (Type or Print) Leona E JUSTINICH | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1412 Leonard Road Gardnerville, Nevada 89410 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Sierra Crematory | | 19c. LOCATION City or Town State Reno Nevada 89503 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 622 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503 | |
| 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) ELLEN G.I. CLARK M.D. <i>SIGNATURE AUTHENTICATED</i> | | 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) January 22, 2013 | | 21c. HOUR OF DEATH 10:08 | | 22b. DATE SIGNED (Mo/Day/Yr) January 22, 2013 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 10:08 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) November 22, 2012 | |
| 22e. PRONOUNCED DEAD AT (Hour) 10:08 | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520 | | 23b. LICENSE NUMBER 5850 | |
| 24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2013 | | 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) Arteriosclerotic and hypertensive cardiovascular disease | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hepatomegaly; hepatic steatosis | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 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 STATE | |

STATE REGISTRAR

365872

000107403

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.

02/05/2013

DEPUTY REGISTRAR

Joseph P. Iser MD, DrPH, MS
SIGNATURE AUTHENTICATED

DATE ISSUED:
PBSCO (REV) 12/09

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

VRS-Rev-20120523a

