

APN# _____



00114152202009488070060068

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Janet N. Conley

Address: 194 Hughes Rd

City/State/Zip: Murphy, NC 28906

Mail Tax Statements to:

Name: Janet Conley

Address: 194 Hughes Rd

City/State/Zip: Murphy, NC 28906

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)

Janet N. Conley
Signature

Janet N. Conley
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, Jarvet Viles Conley, 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, Troy Branson Conley (full name of decedent), died on 8/30/2020 (date of death), at Reno, Washoe, Nevada (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)

PNC Bank Account

EBAY Account

Greater Nevada CU

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 8 day of July, 2022.

BY: _____

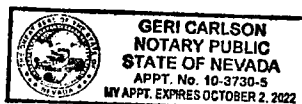
Janet M. Conley
(Affiant)

Notary Signature: _____

Gerri Carlson

My Commission expires: _____

Oct 2, 2022





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: Troy Brawson Conley
("Decedent")

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

1.

MY NAME IS:	<u>Janet Niles Conley</u>
I RESIDE AT:	<u>194 Hughes Road, Murphy, N.C.</u>
DECEDENT WAS MY (RELATION):	<u>Son</u>

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

2.

I KNEW THE DECEDENT	FROM: <u>Birth</u>	UNTIL: <u>Death</u>
DECEDENT DIED ON	MONTH: <u>May</u>	DATE: <u>30</u> YEAR: <u>2020</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>Wardneville</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>Never Married</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>None</u>			

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4147851

CERTIFICATE OF DEATH

202001125
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) Troy Branson CONLEY			2. DATE OF DEATH (Mo/Day/Year) May 30, 2020		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
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 29	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1990
9a. STATE OF BIRTH (If not US/CA, name country) Florida		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last, Name prior to first marriage)
13. SOCIAL SECURITY NUMBER ██████████-8714		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		15a. INSIDE CITY LIMITS (Specify Yes or No) No
14a. COMPUTER TECHNICIAN		14b. Computing		15a. Ever in US Armed Forces? No		
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1380 Centerville Ln Unit 74		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George CONLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet NILES			
18a. INFORMANT- NAME (Type or Print) Janet Niles CONLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 194 Hughes Rd Murphy, North Carolina 28906				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943	20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
20a. SIGNATURE AUTHENTICATED						
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) JEREMY M GONDA 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) June 01, 2020			21c. HOUR OF DEATH 01:46		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bruce W Denney MD			22c. HOUR OF DEATH		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) Jeremy M Gonda MD 910 Vista Blvd Sparks, NV 89434			
23b. LICENSE NUMBER 14342			24a. REGISTRAR (Signature) BLAIR J HEDRICK			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 02, 2020			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24c. SIGNATURE AUTHENTICATED			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I			(a) Brain Death			
			DUE TO, OR AS A CONSEQUENCE OF			
			(b) Nontraumatic Intracranial Hemorrhage			
			DUE TO, OR AS A CONSEQUENCE OF			
			(c) Hypertensive Emergency			
			DUE TO, OR AS A CONSEQUENCE OF			
			(d) Unknown Etiology			
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) 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

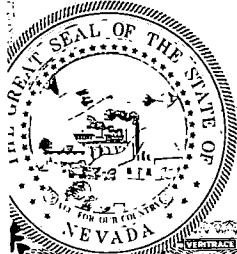
CERTIFIED COPY OF VITAL RECORDS

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.

DEPUTY REGISTRAR

Signature Authenticated

DATE ISSUED: **6/3/2020** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

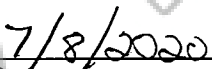
LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

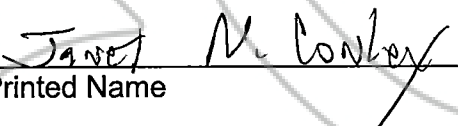
By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature



Date



Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413