



00123457202009571580040044

KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Roxanne Fertitta

Address: 2616 Skyline Dr

City/State/Zip: Minden NV 89423

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)

Signature

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 \$25,000 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, John H DeRyke, 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, Judith M. DeRyke (full name of decedent), died on June 19, 2020 (date of death), at 1520 Brandi Rose Way (place of death, e.g., city, county and state). Minden, Nevada, Douglas County
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 \$25,000; 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)
100% of the TransAmerica annuity # 022001250

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-

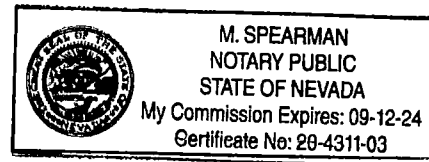
Have not taken place and are not currently pending.

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 24th day of November, 2020.

BY: John DeRyke
(Affiant)
John DeRyke



Notary Signature: M. Spearman

My Commission expires: 09-12-24
State of Nevada
County of

This instrument was acknowledged before me on 11-24-2020
by John DeRyke

M. Spearman
Notary Signature

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4151304

CERTIFICATE OF DEATH

2020012783
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) Judith Marieta DE RYKE		2. DATE OF DEATH (Mo/Day/Year) June 18, 2020		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HCSPITAL OR OTHER INSTITUTION -Name(if not ether, give street and number) 1520 Brandi Rose Way		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Orig,ir? Specify No - Non-Hispanic	
7a AGE-Last birthda (Years) 79		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
8 DATE OF BIRTH (Mo/Day/Yr) December 12, 1940		9a STATE OF BIRTH (If not US/CA, name country) Michigan		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) John DE RYKE	
13 SOCIAL SECURITY NUMBER 5460		14a USUAL OCCUPATION (Give Kind of Work Done During Most of HOMEMAKER		14b KIND OF BUSINESS OR INDUSTRY HOME	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1520 Brandi Rose Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Merton MIZER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Woodena HENRY		
18a INFORMANT- NAME (Type or Print) John DE RYKE		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1520 Brandi Rose Way Minden, Nevada 89423			
19a BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) SIGNATURE AUTHENTICATED REED DOPF 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 20, 2020		21c HOUR OF DEATH 20:20		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
21e PRONOUNCED DEAD AT (Hour)		22e PRONOUNCED DEAD AT (Hour)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b LICENSE NUMBER 13920	
24a REGISTRAR (Signature): WESLEY T STOREY SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 2020		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))				Interval between onset and death	
PART I (a) Respiratory Arrest				Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (b) Acute On Chronic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (c) Pulmonary Fibrosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (d) Rheumatoid Arthritis				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underying cause given in Part I Chronic Obstructive Pulmonary Disease Pulmonary Hypertension				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
23a ACC SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)		23b DATE OF INJURY (Mo/Day/Yr)		23c HOUR OF INJURY	
23d DESCRIBE HOW INJURY OCCURRED					
23e INJURY AT WORK (Specify Yes or No)		23f PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		23g LOCATION STREET OR R F D No CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

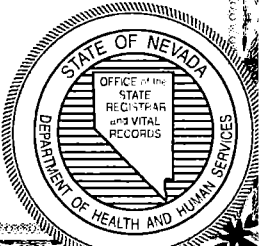
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/23/2020

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE