



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Kamela Rigdon

Address: 1395 Mary Jo Dr

City/State/Zip: Gardnerville NV

Mail Tax Statements to:

Name: same

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)

Kamela Rigdon
Signature

Kamela Rigdon
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

SMALL ESTATE AFFIDAVIT
(NRS 146.080)

STATE OF NEVADA)
 :
COUNTY OF Douglas)

I, Kamela Rigdon, being first duly sworn, upon oath says:

1. My name is Kamela Rigdon, my address is 1395 Mary Jo Drive, Gardnerville, NV 89460.
2. I am a daughter of Evan LaDell Allred (the “Decedent”), who died on July 21, 2020. Attached to this affidavit is a copy of the death certificate of Evan LaDell Allred as Exhibit “A”.
3. The Decedent was not married at the time of his death and survived by his five children: Karyn Allred, Daryl Allred, Denise Goldsmith, Evan W. Allred, and Kamela Rigdon.
4. I am the person with the right to succeed to the property of the Decedent since I am a child of the Decedent and an heir of the Decedent’s estate pursuant to NRS 134.090.
5. That the gross value of the Decedent’s property in the state of Nevada, except amounts due the Decedent for services in the Armed Forces of the United States, does not exceed one hundred thousand and 00/100 dollars (\$100,000.00) and that the property does not include any real property nor interest therein, nor mortgage or lien thereon.
6. That I am an heir of the Decedent’s Estate and have the right, pursuant to the provisions of NRS 146.080, to succeed to said property of the Decedent and to have any evidences of interest, indebtedness or right transferred to me by including certain personal property currently held with America First Credit Union Account number 2847612-5 and Greater Nevada Credit Union Account number 885552705.
7. At least forty (40) days have elapsed since the date of death of the Decedent.
8. That no application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.
9. That all debts of the Decedent, including funeral and burial expenses, and money owed to the Department of Health and Human Services because of the payment of benefits for Medicaid, have been paid or provided for.
10. That I have given written notice by certified mail to every person whose right to succeed to the Decedent’s property is equal or superior to that of me and that at least fourteen (14) days have elapsed since the notice was mailed.

11. I am personally entitled, or the Department of Health and Human Services is entitled, to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.

12. I have no knowledge of any existing claims for personal injury or tort damages against the Decedent.

13. I acknowledge an understand that filing a false affidavit constitutes a felony in this State.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed this 13 day of November 2020.

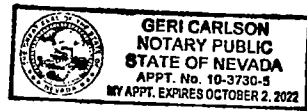
KAMELA RIGDON


Kamela Rigdon

STATE OF NEVADA)
)
) :ss.
COUNTY OF Douglas)

On the 13 day of November 2020, personally appeared before me Kamela Rigdon, who is personally known to me or who has proven to me upon satisfactory evidence to be the same person who executed the foregoing instrument, and who duly acknowledged before me that she executed the same.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4156916

CERTIFICATE OF DEATH

2020015358
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (First, Middle, Last, Suffix) Eván ALLRED		2 DATE OF DEATH (Mo/Day/Year) July 21, 2020		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Wellington		3c HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street number) 4020 Eagle Mountain Road		3e If Hosp or Inst. indicate LGA, OPI, Emer, Rm (Inpatient) (Specify) Other Residence	
	4 SEX Male					
DECEDENT	5 RACE (Specify) White		6. Hispanic Origin (Specify No - Non-Hispanic)		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) August 18, 1932	
	9a STATE OF BIRTH (If not US/CA, name country) Utah		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 21	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13 SOCIAL SECURITY NUMBER [REDACTED] 1851		14a USUAL OCCUPATION (Gen. Kind of Work Done During Mos. of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Wellington	
PARENTS	15d STREET AND NUMBER 4055 Gray Hills Road		16 FATHER/PARENT - NAME (First Middle Last Suffix) Roland ALLRED		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Edith ISREALSEN	
	18a INFORMANT - NAME (Type or Print) Karyn ALLRED		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4120 Eagle Mountain Road Wellington, Nevada 89444			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		19b CEMETERY OR CREMATORY - NAME Tonaquint Cemetery		19c LOCATION City or Town State St. George Utah 84770	
DISPOSITION	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P REYER		20c FUNERAL DIRECTOR LICENSE NUMBER FJ854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) REED DOFF MD		21b. DATE SIGNED (Mo/Day/Yr) July 22, 2020		21c. HOUR OF DEATH 18:15	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
					22c. HOUR OF DEATH	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920			
	24a. REGISTRAR (Signature) WESLEY T STORRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 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))					
CAUSE OF DEATH	PART I		Interval between onset and death			
	(a) Respiratory Arrest					
	DUE TO, OR AS A CONSEQUENCE OF					
(b) Acute Respiratory Failure						
DUE TO, OR AS A CONSEQUENCE OF						
(c) Malignant, Metastatic Prostate Carcinoma						
DUE TO, OR AS A CONSEQUENCE OF						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		23. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
25a ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY		
25d DESCRIBE HOW INJURY OCCURRED						
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

000824567



CERTIFIED COPY OF VITAL RECORDS

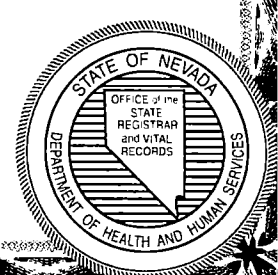
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

7/28/2020

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE