



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: RICHARD A. CHAPMAN

Address: 1645 ZALDIA 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)

Richard A. Chapman

Signature

RICHARD A. CHAPMAN

Printed Name

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

_____.

Small Estate Affidavit

Affidavit for Collection of Property

I, Richard Chapman, of 1645 Zaldia Drive, Minden, Nevada, 89423-4448, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of Thomas Chapman who has passed away in the State of California, County of San Diego:

1. Decedent, Thomas Chapman, died on March 3 2021 in the County of San Diego, in the State of California.
2. A copy of the decedent's death certificate will be submitted along with this affidavit.
3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
4. The Decedent does not have any liabilities and/or debts owed to creditors.
5. The value of the decedent's estate does not exceed the monetary limit of \$100,000 for a surviving spouse, and \$25,000 for any other claimant imposed by the State of Nevada.
6. There is no pending administration of the decedent's estate.
7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
8. The total number of heirs or devisees to the decedent is One (1) identified as:

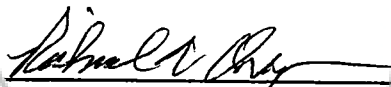
Richard Chapman is the Decedent's Father and is entitled to the following property: Bank account valued at \$2000.00

There are no additional assets or property of the Decedent.

9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.
10. This document is governed under the laws in the State of Nevada and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Signature of Richard Chapman

This form has been signed in the presence of a notary public.



Signed and sworn to me on the May 3 2021.

State of Nevada

County of Douglas

I, Shawnyne Garren, the undersigned authority in and for said County in said State, hereby certify, ^{proved} that Richard Chapman, whose name is signed as the Affiant in this small estate affidavit, and who is known ~~to~~ ^{to} me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on May 3 2021.

Given under my hand this May 3 2021.

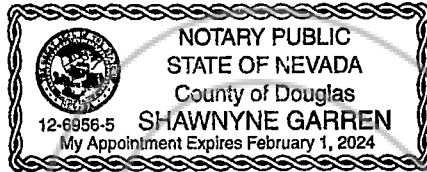
Notary Public Signature Shawnyne Garren

Printed Name: Shawnyne Garren

State of Nevada

My commission expires: 2/1/24

(Notary Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3202137006192

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSES AND PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name (THOMAS KYLE CHAPMAN), birth date (07/10/1989), death date (03/03/2021), cause of death (ASPHYXIA), and informant (GREG PIZARRO).

1 of 3

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

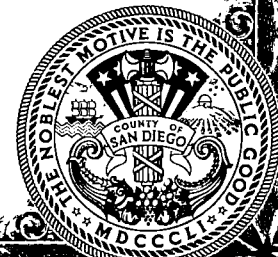
Wilma J. Wooten, M.D.

DATE ISSUED: 4/1/2021 WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



A003839727

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052021073412

AFFIDAVIT TO AMEND A RECORD

3202137006192

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1.1

[] BIRTH [X] DEATH [] FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

1A NAME FIRST THOMAS 1B MIDDLE KYLE 1C LAST CHAPMAN
2 SEX M 3 DATE OF EVENT--MM/DD/CCYY 03/03/2021 FND 4 CITY OF EVENT SAN DIEGO 5 COUNTY OF EVENT SAN DIEGO
6 FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN 7 FULL NAME OF MOT-ER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: # ITEM NUMBER TO BE CORRECTED, 9 INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10 CORRECTED INFORMATION AS IT SHOULD APPEAR. Rows 9-35.

11 TO TAKE OUT OF TEMP ENVAULTMENT

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES

12A SIGNATURE OF FIRST PERSON VICTORIA MITCHELL 12B PRINTED NAME VICTORIA MITCHELL 12C TITLE/RELATIONSHIP TO PERSON IN PART I MORTUARY STAFF

12D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5880 EL CAJON BLVD, SAN DIEGO, CA 92115 12E DATE SIGNED--MM/DD/CCYY 03/25/2021

TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD

13A SIGNATURE OF SECOND PERSON ANGELA BENEFIEL 13B PRINTED NAME ANGELA BENEFIEL 13C TITLE/RELATIONSHIP TO PERSON IN PART I ME

13D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5570 OVERLAND AVENUE, SAN DIEGO, CA 92123-1215 13E DATE SIGNED--MM/DD/CCYY 03/25/2021

STATE/LOCAL REGISTRAR USE ONLY

14 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS 15 DATE ACCEPTED FOR REGISTRATION 03/30/2021

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24e (REV. 1/08)



020-01004918054

1.1

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border: displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: 4/1/2021 WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



A003839728

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052021073412

STATE FILE NUMBER

1.2

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202137006192

LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME - FIRST THOMAS	1B MIDDLE KYLE	1C LAST CHAPMAN	
	2 SEX M	3 DATE OF EVENT-MM/DD/CCYY 03/03/2021 FND	4 CITY OF EVENT SAN DIEGO	5 COUNTY OF EVENT SAN DIEGO
	6 FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN		7 FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD UNKNOWN UNKNOWN UNKNOWN	

3 of 3

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8 ITEM NUMBER TO BE CORRECTED	9 INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10 CORRECTED INFORMATION AS IT SHOULD APPEAR
36	UNKNOWN	JANE
37	UNKNOWN	SANDFORD
38	UNKNOWN	CA
39	-	04/15/2021
40	-	RES-KIMBERLY CHAPMAN-MOTHER, 7E171 BONANZA DRIVE, PALM DESERT, CA 92211
41	PEND	CR/RES
44	S.D. COUNTY MEDICAL EXAMINER	CALIFORNIA CREMATION AND BURIAL
45	NONE	FD1357

11 TO TAKE OUT OF TEMP ENVAULTMENT

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

AFFIDAVITS AND SIGNATURES	12A SIGNATURE OF FIRST PERSON VICTORIA MITCHELL	12B PRINTED NAME VICTORIA MITCHELL	12C TITLE/RELATIONSHIP TO PERSON IN PART I MORTUARY STAFF
	12D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5880 EL CAJON BLVD, SAN DIEGO, CA 92115	12E DATE SIGNED-MM/DD/CCYY 03/29/2021	
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	13A SIGNATURE OF SECOND PERSON ANGELA BENEFIEL	13B PRINTED NAME ANGELA BENEFIEL	13C TITLE/RELATIONSHIP TO PERSON IN PART I ME
	13D ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 5570 OVERLAND AVENUE, SAN DIEGO, CA 92123-1215	13E DATE SIGNED-MM/DD/CCYY 03/29/2021	
STATE/LOCAL REGISTRAR USE ONLY	14 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS	15 DATE ACCEPTED FOR REGISTRATION 03/30/2021	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24e (REV. 1/08) 1.2

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Wilma J. Wooten, M.D.

DATE ISSUED: 4/1/2021 WILMA J. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego



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