

APN# _____

Recording Requested by/Mail to:

Name: Jamie Stores

Address: 17743 N. Rumrock Rd

City/State/Zip: Hayden ID 83835

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



KAREN ELLISON, RECORDER

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)

Jamie Stores
Signature

Jamie Stores
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, Jamie M. Stores, 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, James M. Goodloe (full name of decedent), died on 10/23/21 (date of death), at Gardnerville, Douglas (place of death, e.g., city, county and state), Nevada
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)

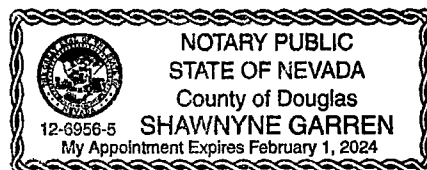
8. That I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to mine, and that at least 14 days have elapsed since the notice was served or 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 24 day of Nov, 2021.

BY: Jamie Stores
 Jamie Stores (Affiant)

Signed and sworn before me on 11/24/21 by
 Jamie M. Stores. Notary Signature: Shawnyne Garren
 My Commission expires: 2/1/24



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4244524

CERTIFICATE OF DEATH

2021026595
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) James Michael GOODLOE		2 DATE OF DEATH (Mo/Day/Year) October 23, 2021		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1350 Centerville lane		3e If Hosp or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
4 SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 76		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 16, 1945		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jeanne BECKWITH	
13. SOCIAL SECURITY NUMBER [REDACTED]-1937		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Environmental Health Specialist		14b KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1350 Centerville lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Leland Millard GOODLOE			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Jean RUSSELL CLARK		
18a INFORMANT- NAME (Type or Print) Jeanne GOODLOE		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1350 Centerville Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			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) October 26, 2021		21c HOUR OF DEATH 03:52		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 26, 2021		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				Interval between onset and death	
(a) Aplastic Anemia DUE TO, OR AS A CONSEQUENCE OF.					
(b) Acute Myeloblastic Leukemia Without Remission 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				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	



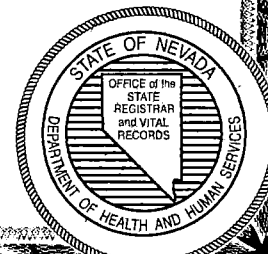
CERTIFIED COPY OF VITAL RECORDS

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.
11/15/2021

DATE ISSUED:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE