



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Tammy E. Hanks
Address: 1284 Redwood Cir #3
City/State/Zip: Gardnerville, No. 89400

Mail Tax Statements to:

Name: _____
Address: _____
City/State/Zip: _____

Small Estate AFFIDANT
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)

Tammy E. Hanks
Signature
TAMMY E HANKS
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, Tammy E. Hanks, 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, Douglas A. Hanks (full name of decedent), died on 4-9-2021 (date of death), at Gardnerville, Douglas, 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 \$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)

HBANK Account number 397047759550 100%
\$ 1,258.⁷⁵

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-

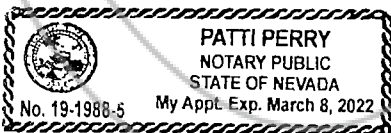
Have not taken place and are not currently pending.

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.) *Surviving Spouse*

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

EXECUTED this 11th day of January, 2022.

BY: *Jammy E. Hanks*
(Affiant)



Notary Signature: *Patti Perry*

My Commission expires: 03/08/2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4207804

CERTIFICATE OF DEATH

2021009594
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) Douglas Allen HANKS			2 DATE OF DEATH (Mo/Day/Year) April 09, 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 ar number) Carson Valley Medical Center			3e. If Hosp or Inst indicate DOA OP/Emer Rm Inpatient(Specify) Emergency Room / Outpatient		
4 SEX Male		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS DAYS	
5 RACE (Specify) White		7c UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1943			
9a STATE OF BIRTH (If not US/CA, name country) Maryland		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) Tammy Estella OLDHAM		13 SOCIAL SECURITY NUMBER 8628		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of GROCERY CLERK		14b KIND OF BUSINESS OR INDUSTRY GROCERY STORE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d STREET AND NUMBER 1284 Redwood Cir #3	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Milton Edward HANKS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Pansy DIX		
18a. INFORMANT- NAME (Type or Print) Tammy Estella HANKS			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1284 Redwood Cir #3 Gardnerville, Nevada 89460				
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706			
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
20c 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)			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)			21c HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) July 23, 2021		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c HOUR OF DEATH 21:59		22d PRONOUNCED DEAD (Mo/Day/Yr) April 09, 2021		
22e. PRONOUNCED DEAD AT (Hour) 21:59			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423				
23b. LICENSE NUMBER			24a REGISTRAR (Signature) BLAISE SATARIANO				
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 23, 2021			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) Cardiac Arrest			Interval between onset and death				
(b) Hypoxic Respiratory Failure			Interval between onset and death				
(c) Septic Pneumonia			Interval between onset and death				
(d)			Interval between onset and death				
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) Yes							
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	



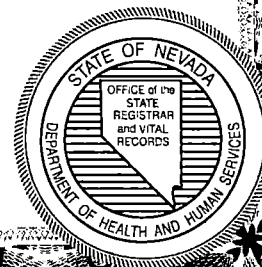
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 9/3/2021

Lucy Shugart
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