

APN# _____

Recording Requested by/Mail to:

Name: Michael Gorham

Address: 225 N. Reno St. Apt. 207

City/State/Zip: Los Angeles/CA/90026

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)

Signature

Michael Gorham

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 California)

COUNTY OF Los Angeles

I, Michael Gorham, 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, Lucinda Gorham (full name of decedent), died on 11/01/2021 (date of death), at Las Vegas, 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 for non-spousal claimants or \$100,000 if the claimant is the decedent's spouse, 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 26th day of March, 2022.

BY: [Signature]
(Affiant)

Notary Signature: (*) PLEASE SEE ATTACHED CALIFORNIA JURAT.

My Commission expires: [Signature]

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
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EXECUTED this 26th day of March, 20 22.

BY: 
(Affiant)

Notary Signature: _____

My Commission expires: _____

This certificate is attached to a 2 page document dealing with/entitled SMALL ESTATE AFFIDAVIT and dated 3/26/2022.

California JURAT

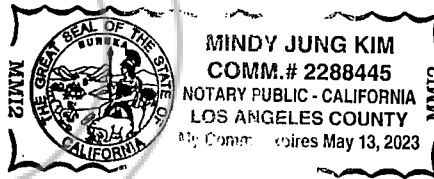
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 26 day of
MARCH, 20 22, by MICHAEL GORHAM

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature [Handwritten Signature] (Seal)

Printed 01-18

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4246360

2021027508
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) Lucinda Maria GORHAM		2 DATE OF DEATH (Mo/Day/Year) November 01, 2021		3a COUNTY OF DEATH Clark	
3b CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Nathan Adelson Hospice		3e If Hosp. or Inst indicate DOA,OP/Emer Rm. (Inpatient)(Specify) Hospice Facility (HFS)	
5. RACE (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 68	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS		8 DATE OF BIRTH (Mo/Day/Yr) November 29, 1952	
9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13 SOCIAL SECURITY NUMBER 3686		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY Film	
15a RESIDENCE - STATE Nevada		15b COUNTY Clark		15c CITY, TOWN OR LOCATION Henderson	
15d STREET AND NUMBER 11000 South Eastern Avenue #2621		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Charles FAGOT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Dolores DAVIS		
18a. INFORMANT- NAME (Type or Print) James Keith GORHAM			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 8210 East Heatherbrae Avenue Scottsdale, Arizona 85251		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c LOCATION City or Town State Las Vegas Nevada 89101	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAREN DREILING SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD913		20c. NAME AND ADDRESS OF FACILITY Neptune Society 8544 W. Lake Mead Boulevard Las Vegas NV 89128	
21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JENNIFER A LEAKE APRN SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) November 04, 2021		21c HOUR OF DEATH 08:30		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		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) Jennifer A Leake APRN 4141 University Center Dr Las Vegas, NV 89119			
23b LICENSE NUMBER APRN001210		24a REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 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					
(a) Cerebral Infarction Of Right Posterior Cerebral Artery					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Prosthetic Aortic Valve Endocarditis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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 1. Attrial Fibrillation, Hypertension					
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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

SIGNATURE AUTHENTICATED

Registrar of Vital Statistics

By: *Susan Zannis*

DATE ISSUED: 11/10/2021

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

SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015173

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

