DOUGLAS COUNTY, NV
Rec:$40.00
Total:$40.00
MICHAEL GORHAM

2022-983309
04/04/2022 03:07 PM
Pgs=6

00152629202209833090060064

KAREN ELLISON, RECORDER

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: _____

Affidavit of Heirship

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 #_____

AFFIDAVIT OF HEIRSHIP

Complete this form if you believe you are the heir to property held by the Nevada Unclaimed Property Division. Do not complete this form if the decedent's estate went through probate in court, if there has been some other type of court determination OR if you are the surviving spouse.

1. Please complete all fields:

Decedent's Name: Lucinda Gorham	Date of Death: 11/01/2021
Your Name: Michael Gorham	Your Relationship to Decedent: Son
Was Decedent Married at Time of Death? Yes (X) No Decedent's Spouse at Time of Death: N/A	Spouse's Date of Death (If Applicable): N/A

2. Provide information on all of the decedent's natural born and adopted children only, both living and deceased:
(If none, please write "none" - This section cannot be blank)

Child's Name	Birth Date	Date of Death (If Deceased)	If Deceased, Does Deceased Child have Children (Circle One)
James Gorham	06/07/1990	N/A	Yes / (No)
Michael Gorham	02/21/1992	N/A	Yes / (No)
			Yes / No
			Yes / No
			Yes / No

3. Provide information on the decedent's grandchildren, born only to the deceased children indicated in section 2
(If none, please write "none")

Grandchild's Name	Birth Date	Name of Deceased Parent
None	None	None

CLAIM #_____

4. If the decedent has no living children or grandchildren, please complete this section:

Mother: —	Date of Death (if applicable): —
Father: —	Date of Death (if applicable): —

5. If the decedent has no living children, grandchildren or parents, please complete this section on decedent's siblings **(living and deceased)**:

Name	Birth Date	Date of Death	Does Deceased Sibling Have Children
—			Yes / No
—			Yes / No
—			Yes / No

6. Provide information on the decedent's nieces and nephews born only to the deceased siblings indicated in section 5 **(if none, please write "none"):**

Name	Birth Date	Name of Deceased Parent
—		
—		
—		

You may use an attachment if additional space is required. Please indicate which section the additional information belongs with.

The affiant acknowledges that he/she understands 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 1st day of April, 2022.

BY: _____
(Affiant)

Notary Signature:_____

Commission Expires:_____

This certificate is attached to a 2 *page document dealing with/entitled* Affidavit of Heirship *and dated* 4/1/22.

California ACKNOWLEDGMENT

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

On April 1, 2022 before me,

Brandon Jonathan Chuidian, Notary Public *(here insert name and title of the officer)*,

personally appeared Michael Gorham, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

BRANDON JONATHAN CHUIDIAN
COMM.# 2304247
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires Sep. 7, 2023
MM12

Signature _____ (Seal)

Printed 02-18

CLAIM #_____

4. If the decedent has no living children or grandchildren, please complete this section:

Mother: —	Date of Death (if applicable): —
Father: —	Date of Death (if applicable): —

5. If the decedent has no living children, grandchildren or parents, please complete this section on decedent's siblings **(living and deceased)**:

Name	**Birth Date**	**Date of Death**	**Does Deceased Sibling Have Children**
—			Yes / No
—			Yes / No
—			Yes / No

6. Provide information on the decedent's nieces and nephews born only to the deceased siblings indicated in section 5 **(if none, please write "none")**:

Name	**Birth Date**	**Name of Deceased Parent**
—		
—		

You may use an attachment if additional space is required. Please indicate which section the additional information belongs with.

The affiant acknowledges that he/she understands 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 1st day of April, 2022.

BY: _____
(Affiant)

Notary Signature:_____

Commission Expires:_____

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Lucinda Maria	GORHAM	November 01, 2021	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e If Hosp. or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify)	4. SEX
Las Vegas	Nathan Adelson Hospice	Hospice Facility (HFS)	Female

5. RACE (Specify)	6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
Black	No - Non-Hispanic	68			November 29, 1952

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

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
California	United States	14	Divorced	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]-3686	Administration	Film	No

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Clark	Henderson	11000 South Eastern Avenue #2621	Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Charles FAGOT	Dolores DAVIS

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip)
James Keith GORHAM	8210 East Heatherbrae Avenue Scottsdale, Arizona 85251

Cremation

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Palm Crematory	Las Vegas Nevada 89101

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
DAREN DREILING SIGNATURE AUTHENTICATED	FD913	Neptune Society 8544 W. Lake Mead Boulevard Las Vegas NV 89128

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) **SIGNATURE AUTHENTICATED**
JENNIFER A LEAKE APRN

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
November 04, 2021	08:30

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)	23b. LICENSE NUMBER
Jennifer A Leake APRN 4141 University Center Dr Las Vegas, NV 89119	APRN001210

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
NANCY BARRY SIGNATURE AUTHENTICATED	November 05, 2021	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

		Interval between onset and death
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.
Atrial Fibrillation, Hypertension

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
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 # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE