

APN# \_\_\_\_\_



00154801202209852080040049

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Tiffany Rice

Address: PO Box 1653

City/State/Zip: Leopold Conv, NV

Mail Tax Statements to: 89448

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)

Tiffany Rice  
Signature

Tiffany R. Rice  
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 Escondido

I, Tiffany Rae Rice, 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, Matthew S. Meyner (full name of decedent), died on 5/1/00 (date of death), at Carson City, NV (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)

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-

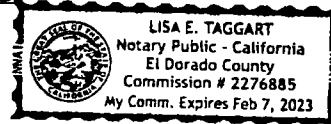
Have not taken place and are not currently pending.

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 14<sup>th</sup> day of May, 2022

BY: [Signature]  
(Affiant)



Notary Signature: [Signature]  
My Commission expires: 2/7/2023

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4281395

**CERTIFICATE OF DEATH**

2022011283  
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) <b>Matthew Scot MEUNIER</b>		2 DATE OF DEATH (Mo/Day/Year) <b>May 01, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>962 Ridgefield Drive</b>		3e If Hosp. or Inst. Indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Residential Care Facility/Group Home</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>51</b>	
9a STATE OF BIRTH (if not US/CA, name country) <b>Massachusetts</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>	
13 SOCIAL SECURITY NUMBER <b>██████████-5978</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of		14b KIND OF BUSINESS OR INDUSTRY <b>Retail Scuba Dive Shop</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Stateline</b>	
15d STREET AND NUMBER <b>105 Aspen Way</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		12 SURVIVING SPOUSE S NAME (Last name prior to first marriage) <b>Tiffany RICE</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert A MEUNIER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>June STUART</b>		
18a INFORMANT- NAME (Type or Print) <b>Tiffany RICE</b>		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>PO BOX 1653 Zephyr Cove, Nevada 89448</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>ROBERT T FLOYD MD</b>					
21b DATE SIGNED (Mo/Day/Yr) <b>May 05, 2022</b>		21c HOUR OF DEATH <b>22:26</b>		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)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert T Floyd MD 180 Ox-Yoke Lane Reno, NV 89521</b>		23b LICENSE NUMBER <b>14346</b>		22d PRONOUNCED DEAC (Mo/Day/Yr)	
24a REGISTRAR (Signature) <b>SCOTT SHELTON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 06, 2022</b>		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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Severe Protein Calorie Malnutrition</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Dysphagia</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Amyotrophic Lateral Sclerosis</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				26 AUTOPSY (Specif Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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

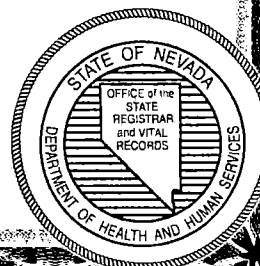
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.  
5/10/2022

DATE ISSUED:

*Scott Spangler*

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