



00162055202209914810040040

KAREN ELLISON, RECORDER

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

Recording Requested by/Mail to:

Name: Travis Todd Cader

Address: 2623 Stewart Ave

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Affidavit of Death

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

\_\_\_\_\_  
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 Carson City )

I, Travis Todd Cader, being first duly sworn, upon oath says:

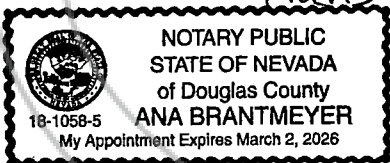
1. That I am person who has a right to succeed to the property of the decedent.
2. That the decedent, Carol Ann Byrd (full name of decedent), died on 8-2-22 (date of death), at Carson City NV (place of death, e.g., city, county and state).
3. That the gross value of the decedent's property in this State, 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 8<sup>th</sup> day of November, 2022.

BY: Travis Todd Cader  
 (Affiant)  
Travis Todd Cader



Notary Signature: [Handwritten Signature]

My Commission expires: March 2nd, 2026

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

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

CASE FILE NO. 4298382

**CERTIFICATE OF DEATH**

2022018618  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carol Ann BYRD		2 DATE OF DEATH (Mo/Day/Year) August 02, 2022		3a COUNTY OF DEATH Carson City	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 22 Crowns Point Dr		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
DECEDENT	4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) April 11, 1945		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-9858		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d STREET AND NUMBER 22 Crowns Point Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John D TANKERSLEY	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Opal Mae BOLINGER		17. FATHER/PARENT - NAME (First Middle Last Suffix) John D TANKERSLEY		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Opal Mae BOLINGER	
TRADE CALL	18a INFORMANT- NAME (Type or Print) Todd CADER		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 2623 Stewart Ave Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
	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>JEFFREY BASA MD</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b DATE SIGNED (Mo/Day/Yr) August 03, 2022		21c HOUR OF DEATH 18:10		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	
CAUSE OF DEATH	21e. 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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706				23b LICENSE NUMBER 8079	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 04, 2022		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) Chronic Kidney Failure		Interval between onset and death			
	(b) Unknown Etiology		Interval between onset and death			
PART II	(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
	(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
25. ALTOPSY (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.

8/8/2022

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

