



KAREN ELLISON, RECORDER

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

Recording Requested by/Mail to:

Name: PATRICIA SNYDER

Address: 951 WINTER GREEN DR.

City/State/Zip: GARDNERVILLE, NV 89460

Mail Tax Statements to:

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)

Patricia Snyder  
Signature

PATRICIA SNYDER  
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, PATRICIA SNYDER, 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, MARIANNE REGINA SMITH (full name of decedent), died on 11/16/21 (date of death), at LAS VEGAS, NV - CLARK (place of death, e.g., city, county and state). COUNTY
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)

US BANK ACCOUNT \$811.98 100%

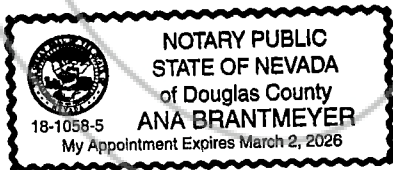
8. That I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to mine, and that at least 14 days have elapsed since the notice was served or 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 15<sup>th</sup> day of DECEMBER, 2022.

BY: Patricia Snyder  
(Affiant)

PATRICIA SNYDER



Notary Signature: ANA BRANTMEYER

My Commission expires: March 2, 2026

**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. 4249298

2021028837  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marianne Regina SMITH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 16, 2021</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>Nathan Adelson Hospice NW</b>		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Hospice Facility (HFS)</b>	
DECEDENT	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>76</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 06, 1945</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 7834</b>		14a. USUAL OCCUPATION (Give Kind of Work Done Durng Most of) <b>Underwriter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>INSURANCE</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
PARENTS	15d. STREET AND NUMBER <b>8122 W Flamingo Rd Unit 84</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold LEE</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Regina FLOOD</b>		
Cremation	18a. INFORMANT- NAME (Type or Print) <b>Patricia SNYDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>951 Winter Green Dr Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DAVID F HOLT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD866</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Cheyenne</b> <b>7400 W Cheyenne Las Vegas NV 89129</b>	
	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	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>LORI L CANDELA APRN</b> <b>SIGNATURE AUTHENTICATED</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)		
	21b. DATE SIGNED (Mo/Day/Yr) <b>November 18, 2021</b>		21c. HOUR OF DEATH <b>08:26</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Lori L Candela APRN 3150 N Tenaya Las Vegas, NV 89128</b>			
CAUSE OF DEATH	23b. LICENSE NUMBER <b>APRN000873</b>		24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> <b>SIGNATURE AUTHENTICATED</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 19, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Encephalopathy</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(c) <b>Intraventricular hemorrhage extension</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(d) <b>Non-traumatic intraparenchymal hemorrhage</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 I. <b>Chronic obstructive pulmonary disease, Hypertension</b>				26 AUTOPSY (Specify 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 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.

DATE ISSUED: 11/24/2021

SIGNATURE AUTHENTICATED  
Registrar of Vital Statistics  
By: *Susan Zannis*

This Copy not valid unless prepared on engraved border displaying date, year 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

