



SHAWNYNE GARREN, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: MARY PETROSINELLI

Address: 12412 KINGSIDE WAY

City/State/Zip: LAS VEGAS NV 89140

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)

Mary B. Petrosinelli
Signature

MARY B PETROSINELLI
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Claim # _____

SMALL ESTATE AFFIDAVIT
For Surviving Spouse

[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 \$100,000 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, MARY B PETRUSINELLI, 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, FREDERICK F PETRUSINELLI (name of decedent), died on 01 20 2021 (date of death), at LTA LASVEGAS CITY NEVADA (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 \$100,000, 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)

CLAIMED PROPERTY LIST

Mary B Petrosinelli claims 100% of any and all property owned jointly and separately by Frederick F Petrosinelli through 65 years of marriage.

Mary and Frederick were married at the time of Frederick's death. They were living together in the State of Nevada, County of Douglas, in the town of Gardnerville.

COOPER

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 (check one):**

Did leave a will. If the decedent did leave a will, a true and correct copy of the will is attached hereto.

-or-

Did **not** leave a will.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 23 day of Feb, 2023.

BY: Mary B Petrosinelli
 MARY B (Affiant)
 PETROSINELLI

STATE OF NEVADA
 COUNTY OF DOUGLAS

Notary Signature: Lisa A. Burrier

My Commission expires: FEB 04, 2026



LISA A. BURRIER
 Notary Public
 State of Nevada
 Appt. No. 22-2881-05
 My Appt. Expires February 4, 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. 4261518

CERTIFICATE OF DEATH

2022001166
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) Frederick Francis PETROSINELLI JR		2 DATE OF DEATH (Mo/Day/Year) January 19, 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 number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 89	
9a STATE OF BIRTH (If not US/CA, name country) Rhode Island		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 10	
13 SOCIAL SECURITY NUMBER [REDACTED]-7324		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1426 Edlesborough Circle		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		8 DATE OF BIRTH (Mo/Day/Yr) October 13, 1932	
11. MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Bernadette KILLION			
14a USUAL OCCUPATION (Give Kind of Work Done During Most of) DISPATCHER		14b KIND OF BUSINESS OR INDUSTRY TRUCKING		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Frederick Franceso PETROSINELLI SR		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Adelina Helen MUCCILLO			
18a INFORMANT - NAME (Type or Pnn.) Mary Bernadette PETROSINELLI		18b MAILING ADDRESS (Street or R F D. No. City or Town, State, Zip) 1426 Edlesborough Circle Gardnerville, Nevada 89410			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES		20b FUNERAL DIRECTOR LICENSE NUMBER FD967		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JOSHUA S TARTAKOFF DO		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) January 20, 2022		21c HOUR OF DEATH 04:10		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnn)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnn)		22e PRONOUNCED DEAD AT (Hour)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Pnn) Joshua S Tartakoff DO 1664 N Virginia St Reno, NV 89557				23b LICENSE NUMBER DO2736	
24a REGISTRAR (Signature) DARAN GRISSOM		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 21, 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) Cardiopulmonary Arrest				Interval between onset and death	
(b) Acute Hypoxic Respiratory Failure				Interval between onset and death	
(c) Congestive Heart Failure				Interval between onset and death	
(d) Acute Renal Failure				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 Anal Fibrillation With Rapid Ventricular Response, Pseudomonas Urinary Tract Infection, Unknown Etiology				26 AUTOPSY (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	
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

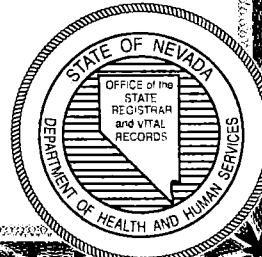
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Jan Skyles

DATE ISSUED:

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