

APN# _____

Recording Requested by/Mail to:

Name: Eleanor S. Lassiter

Address: 1349 Bridle Way

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: (above)

Address: _____

City/State/Zip: _____



SHAWNYNE GARREN, RECORDER

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)

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 USA

I, Eleanor Lassiter, 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, Melanie T. Pouriau Schexnayder (full name of decedent), died on 9/26/2021 (date of death), at Carson City, NV (place of death, e.g., city, county and state). Carson Tahoe Hospital
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.)

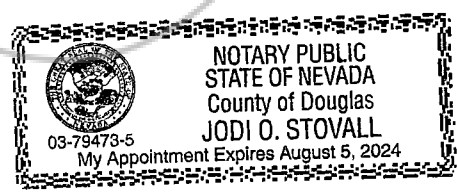
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 29th day of MARCH, 2023.

BY Eleanor S. Lassiter
 (Affiant)
Eleanor S. Lassiter

Notary Signature: Jodi O. Stovall

My Commission expires: 8-5-24



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4238693 **CERTIFICATE OF DEATH** 2021024337
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) Melanie T SCHEXNAYDER		2. DATE OF DEATH (Mo/Day/Year) September 26, 2021		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		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1957		9a. STATE OF BIRTH (If not US/CA, name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 0677		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY State of Louisiana	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1349 Bridle Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Laurel SCHEXNAYDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Elizabeth TIMMINS		
18a. INFORMANT- NAME (Type or Print) Elizabeth THOMAS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2860 San Gabriel Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) HANY GHALI MD SIGNATURE AUTHENTICATED		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) October 04, 2021		21c. HOUR OF DEATH 12:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. 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) Hany Ghali MD 3100 N Tenaya Way Las Vegas, NV 89128				23b. LICENSE NUMBER 14171	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2021		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) Respiratory Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Bilateral Pneumonia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Neutropenia 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. Septic Shock,				26. AUTOPSY (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	



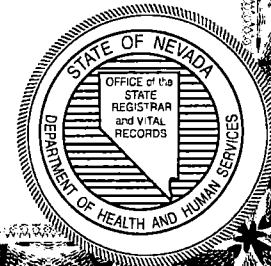
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **10/5/2021**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Janey Shydel
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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: <i>Melanie T. Pourciau Schexnayder</i>	Date of Death: <i>9.26.21</i>
Your Name: <i>Eleanor S. Lassiter</i>	Your Relationship to Decedent: <i>Sibling / Sister</i>
Was Decedent Married at Time of Death? Yes / <input checked="" type="radio"/> No	Spouse's Date of Death (If Applicable):
Decedent's Spouse at Time of Death:	

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)
<i>None</i>			Yes / No
			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
<i>None</i>		



CLAIM # _____

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

Mother: Mary E. Schexnayder	Date of Death (if applicable): 7.23.2018
Father: Laurel J. Schexnayder	Date of Death (if applicable): 2.24.1991

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
Eleanor Lassiter	1.25.50	N/A	Yes / <input checked="" type="radio"/> 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 29th day of MARCH, 2023.

BY: Eleanor S. Lassiter
(Affiant)
Eleanor S. Lassiter

Notary Signature: _____

Commission Expires: 8-25-24