



SHAWNYNE GARREN, RECORDER

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: \_\_\_\_\_

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

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

Affidavit of Small Succession

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)

Eleanor S. Lassiter

Signature

Eleanor S. Lassiter

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

AFFIDAVIT OF SMALL SUCCESSION

OF

**MELANIE T. POURCIAU**

STATE OF **NEVADA**

COUNTY OF **DOUGLAS**

On this date, the 31<sup>st</sup> day of July, 2023, before me, the undersigned authority, and before the undersigned witnesses, witnesses, personally came and appeared.

Eleanor S. Lassiter  
Eleanor S. Lassiter

Affiant 1

Elizabeth J. Thomas  
Elizabeth J. Thomas Affiant 2

(hereinafter collectively referred to as "Affiants"), both being competent persons of the age of majority, who after being duly sworn, did depose and say that

- (1) Affiants knew **Melanie T. Pourciau** (hereinafter the "Decedent") and these facts are within their personal knowledge
- (2) Affiant 1 is (the major heir) in relation (knowledge of the facts stated herein) <sup>1</sup>
- (3) The Decedent, **Melanie T. Pourciau**, died on the 26<sup>th</sup> day of September, 2021. A certified copy of the Decedent's certificate of death has previously been provided. <sup>2</sup>
- (4) The Decedent was domiciled in Minden, Nevada, at the time of her death. Her last residence was 1349 Bridle Way, in Minden, Nevada 89423.
- (5) The Decedent died intestate.
- (6) The marital statue of the Decedent at the time was single. Was married and divorced from Anthony J. Pourciau.

<sup>1</sup> At least two persons should be affiants. The surviving spouse, if any, must be a party to this affidavit. The surviving spouse must be joined by at least one major heir. If there is no surviving spouse, two major heirs may fill out this form. If there is only one major heir and no surviving spouse, this affidavit must also be signed by a second person who has actual knowledge of the matters stated herein. A "major heir" is an heir of the deceased who is at least eighteen years of age. In addition, a natural tutor may execute this affidavit on behalf of a minor child without the necessity of a judicial appointment or court order. The attorney should make a diligent effort to get all major heirs to sign this affidavit.

<sup>2</sup> If the deceased owned immovable property, this affidavit cannot be filed until ninety days has elapsed from the date of death. If filed too soon, it will not be effective until ninety days have elapsed. Act 323 amended La. Code Civ. Proc. Ann. Art. 3432 to eliminate the need for witnesses.

- (7) The surviving spouse's current domicile is Grosse Tete (exact address unknown)
- (8) The names, relationship to the Decedent, and last known address of all of the heirs of the Decedent and the percentage of inheritance to which they are entitled:
- A. Eleanor S. Lassiter 1349 Bridle Way, Minden, NV 89423 100%<sup>3</sup>

(9) Any heir not signing this Affidavit either (1) could not be located after the exercise of reasonable diligence, or (2) was given 10 days notice by U.S. Mail of Affiants' intent to execute and record this "Affidavit for Small Succession" and did not object.

(10) The properties owned by the Decedent at the time of death, both movable and immovable, are more particularly described below:

The balance of the DROP account in the name of Melanie T Pourciau, due the estate of the decedent and payable to the following heir listed as Eleanor S. Lassiter<sup>4</sup>

(11) The aggregate value of the Decedent's above-described property, both movable and immovable, at the time of Decedent's death, was less than \$125,000 (This monetary limitation is not applicable if the death was over twenty years ago).

(12) The above properties, (under the intestacy laws of the State of Louisiana,) are owned 'by Eleanor S. Lassiter.

(13) There is no need for administration of this Estate.

(14) Affiants understand and affirm, through their signatures below, under the penalty of perjury that is Affiants are heirs, Affiants accept the succession of the decedent, including the decedent's debts. Affiants further acknowledge and affirm under penalty of perjury that Affiants execute this document after having read the document-by-line, that Affiants understand the legal significance of this document that the information contained in this Affidavit is true, correct, and complete to the best of Affiants' knowledge, information, and belief and that Affiants execute this document knowingly, freely and voluntarily and without any coercion or reservation whatsoever.

(15) Affiant understands that Article 3434 of the LAA Code of Civil Procedure (1) instructs all banks, financial institutions, trust companies, warehousemen or other depository, or any person having property in his possession or under his control, upon receipt of a multiple original of this Affidavit to pay or deliver any money or property of the deceased, as more particularly described herein to the heirs of the deceased and the surviving spouse, if any, in the percentages listed herein, (2) instructs any domestic or foreign corporation, and the transfer agent for such corporation, upon receipt of a multiple original of Affidavit, to transfer any stock or registered bonds in the name of the deceased and described herein, to the heirs to the deceased and surviving spouse, if any, in the percentages listed herein, and (3) provides that receipt of such money or property by the heir(s) named herein constitutes a full release and discharge of the payor for the payment or delivery of property made under the provisions of said article 3434.

<sup>3</sup> If more than six, please attach a supplementary list. At this point, it may be appropriate to note whether decedent's parents survived decedent and whether decedent ever adopted children or was adopted. Also note whether heirs are over 23 years of age, and their mental and/or physical disabilities.

<sup>4</sup> Insert (A) property description (B) whether the property is separate or community property, (C) whether a legal usufruct of the surviving spouse attaches to the property, (D) the value of the property, (E) a listing of the heirs and their respective proportionate shares of the property.

(16) The making of or swearing to a false affidavit is punishable by civil and criminal penalties under Louisiana law.

THUS DONE AND PASSED IN Minden, Nevada, this 31<sup>st</sup> day of July, 2023, in the presence of

\_\_\_\_\_ and

\_\_\_\_\_ competent witnesses, who sign their names with the said Appearers and me, Notary Public, after reading of the whole.

\_\_\_\_\_  
Witness

Eleanor S. Lassiter  
Affiant 1 Eleanor S. Lassiter

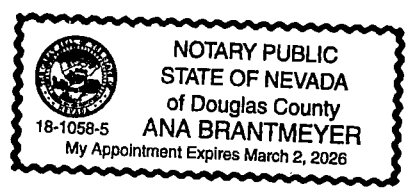
\_\_\_\_\_  
Witness

Elizabeth J. Thomas  
Affiant 2 Elizabeth J. Thomas

SWORN TO AND SUBSCRIBED BEFORE ME

THIS 31<sup>st</sup> DAY OF July, 2023

[Signature]  
NOTARY PUBLIC



PRINT NAME Ana Brantmeyer

NOTARY ID. NO.

<sup>6</sup> LA. CODE OF CIV. PROC. ANN. art. 3432(B) provides that if the deceased had no surviving spouse, the affidavit must be signed by at least two heirs. If the deceased had no surviving spouse and only one heir, the affidavit must also be signed by a second person who has actual knowledge of the matters stated herein, and LA. CODE OF CIV. PROC. ANN. art. 3432(C) provides that in addition to the powers of a natural tutor otherwise provided by law, a natural tutor may also execute the affidavit on behalf of a minor child without the necessity of filing a petition pursuant to Article 4061.

**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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Melanie T SCHEXNAYDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 26, 2021</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 and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>63</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 12, 1957</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>Louisiana</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>0677</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Administrative</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State of Louisiana</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1349 Bridle Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Laurel SCHEXNAYDER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Elizabeth TIMMINS</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Elizabeth THOMAS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2860 San Gabriel Drive Minden, Nevada 89423</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>HANY GHALI MD</b> 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) <b>October 04, 2021</b>		21c. HOUR OF DEATH <b>12:10</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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>Hany Ghali MD 3100 N Tenaya Way Las Vegas, NV 89128</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>14171</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 05, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CAUSE OF DEATH	(a) <b>Respiratory Cardiac Arrest</b>		Interval between onset and death			
	(b) <b>Acute Hypoxemic Respiratory Failure</b>		Interval between onset and death			
CAUSE OF DEATH	(c) <b>Bilateral Pneumonia</b>		Interval between onset and death			
	(d) <b>Neutropenia</b>		Interval between onset and death			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Septic Shock,</b>				26. AUTOPSY (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	
CAUSE OF DEATH	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		28h. 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.

*[Signature]*  
STATE REGISTRAR

