

APN# A portion of 1319-30-631-018

Recording Requested by/Mail to:

Name: Julie Key

Address: P O BOX 150

City/State/Zip: Orovalda, NV 89425



SHAWNYNE GARREN, RECORDER

Mail Tax Statements to:

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

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

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

Small Estate Affidavit of Death

Title of Document (required)

Please complete the Affirmation Statement below:

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)
- Military Discharge – NRS 419.020 (2)
- Other NRS \_\_\_\_\_ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Julie Key  
Signature

Julie Key  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim # \_\_\_\_\_

3/

**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 Humboldt

I, Julie Key, 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, Michael L. Key (full name of decedent), died on MAY 9, 2015 (date of death), at Winnemucca, Nevada (place of death, e.g., city, county and state). Humboldt 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)

- 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. *WILL IS NOT ATTACHED AS TIME SHARE WAS COMMUNITY PROPERTY*

-or-

Did **not** leave a will.

**(Note: If the decedent did not leave a will, Form UP-40, Affidavit of Heirship, must also be completed.)**

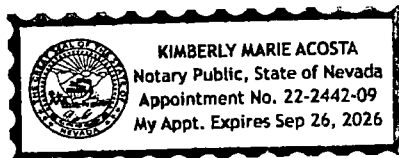
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 12 day of Feb., 2024.

BY: [Signature]  
(Affiant)

Notary Signature: [Signature]

My Commission expires: Sept-26, 2026



**EXHIBIT "A"**

(49)

**A timeshare estate comprised of:**

**PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:**

**(A) An undivided 1/26<sup>th</sup> interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.**

**(B) Unit No. 209 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.**

**PARCEL 2: a non-exclusive easement for ingress and egress and for the use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.**

**PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.**

**A Portion of APN: 1319-30-631-018**



BK-708  
PG-271

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

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

**CERTIFICATE OF DEATH**

2015008501

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

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) <b>Michael L KEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 09, 2015</b>		3a. COUNTY OF DEATH <b>Humboldt</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Winnemucca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Humboldt General Hospital</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>61</b>	
9a. STATE OF BIRTH (if not U.S.A., <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2304</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Farmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Humboldt</b>		15c. CITY, TOWN OR LOCATION <b>Orovada</b>	
15d. STREET AND NUMBER <b>Pine Grove Lane 1</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Franklin KEY</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose Mary WHIPPLE</b>			
18a. INFORMANT - NAME (Type or Print) <b>Julie KEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>PO Box 2 Orovada, Nevada 89425</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Orovada Cemetery</b>		19c. LOCATION City or Town State <b>Orovada Nevada 89425</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMIE L MCINTOSH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>230</b>		20c. NAME AND ADDRESS OF FACILITY <b>Sonoma Funeral Home</b> <b>47 W First Street Winnemucca NV 89445</b>	
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>KATHARINA MAHADEVA MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 11, 2015</b>		21c. HOUR OF DEATH <b>17:10</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>KATHARINA MAHADEVA MD 118 E Haskell St Winnemucca, NV 89445</b>				23b. LICENSE NUMBER <b>13648</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 20, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I (a) <b>Acute Kidney Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Sepsis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Severe Clostridium Difficile Colitis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				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	

STATE REGISTRAR

3831402

680654

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

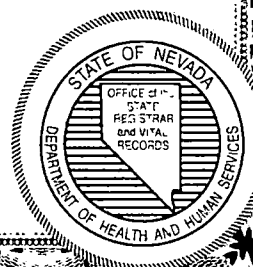
DATE ISSUED:

5/20/2015

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

STATE REGISTRAR  
*R. White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE