



SHAWNYNE GARREN, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: ROBERT DESROSIERS SR.

Address: 806 TILMAN LANE APARTMENT 2B

City/State/Zip: GARDNERVILLE, NEVADA 89460

Mail Tax Statements to:

Name: ROBERT DESROSIERS SR.

Address: 806 TILMAN LANE APARTMENT 2B

City/State/Zip: GARDNERVILLE, NEVADA 89460

SMALL ESTATE AFFIDAVIT

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)

Robert W. Desrosiers Sr.

Signature

ROBERT W. DESROSIERS SR

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, ROBERT DESROSIER SR., 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, ROBERT DESROSIER JR. (full name of decedent), died on 12/29/2023 (date of death), at 8067 WILMAN LANE #19 (place of death, e.g., city, county and state). GARDNERVILLE, NEVADA 89460
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)

BMD ACCOUNT # 0041084161

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.

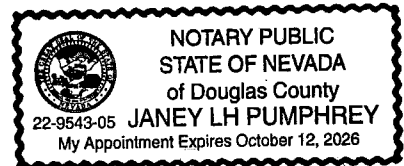
EXECUTED this 19 day of April, 2024.

BY: Robert W. Desrosiers Sr.

(Affiant)
ROBERT W. DESROSIERES SR

Notary Signature: Janey Lh Pumphrey

My Commission expires: October 12, 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. 4389576

CERTIFICATE OF DEATH

2023029207
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) Robert William DESROSIERS JR			2. DATE OF DEATH (Mo/Day/Year) December 29, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street ar number) 806 Tillman Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) February 18, 1953
9a. STATE OF BIRTH (if not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	10. EDUCATION 14	11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER -0785		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervising Cook		14b. KIND OF BUSINESS OR INDUSTRY State Of California		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 806 Tillman Lane #19		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert William DESROSIERS SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret A KIGGINS			
18a. INFORMANT- NAME (Type or Print) Robert William DESROSIERS SR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 806 Tillman Lane, Apt 28 Gardnerville, Nevada 89460				
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) JEFFREY M BAUGHN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD993	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals And Cremations 1521 Church Street Gardnerville NV 89410			
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) <i>Keenan K Copp</i>			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) KEENAN K COPP SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) January 06, 2024		22c. HOUR OF DEATH 19:08
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) December 29, 2023		22e. PRONOUNCED DEAD AT (Hour) 19:08	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Keenan K Copp 1038 Buckeye Rd Minden, NV 89423					23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 2024		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
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Chronic Pulmonary Embolism.						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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, fam, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

CERTIFIED COPY OF VITAL RECORDS

Cody D. Hickey

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.

1/10/2024

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

