AFFIDAVIT OF ENTITLEMENT FOR ESTATES PURSUANT TO NRS 146.080

STATE OF _____)
)
COUNTY OF _____)

I, *(your name)* _____, residing at the address listed below, being first duly sworn upon oath, hereby affirm:

Decedent *(insert decedent's name)* _____ died in the County of *(insert county of death)* _____, State of *(insert state of death)* _____, on the *(insert date of death)* _____ day of _____, 20___, being a resident of the State of *(insert state where decedent lived at time of death)* _____, leaving an estate in the County of Clark, State of Nevada. Decedent's estate did not include real property nor a lien thereon.

I affirm that *(check one box)*:

☐ I am the surviving spouse of the decedent and the gross value of the estate, except amounts due the decedent for services in the Armed Forces of the United States or the value of any motor vehicles registered to decedent, is not in excess of $150,000.00.

☐ I am not the surviving spouse of the decedent, but I am the person who has a right to succeed the property of the decedent, or I am a beneficiary of the decedent's Last Will and Testament, and the gross value of the estate, except amounts due the decedent for services in the Armed Forces of the United States or the value of any motor vehicles registered to decedent, is not in excess of $25,000.00.

Decedent's estate consists of the following: *(Write the assets you need transferred, such as: bank account, stock certificate, insurance proceeds, payroll check, etc., and the portion claimed)*_____

_____

I have the right, pursuant to the provisions of NRS 146.080 to succeed the entire portion of property of said decedent, unless otherwise stated, and to have any evidences of interest, indebtedness or right transferred to me by: *(insert person, representative, corporation that has custody of such property):* _____

_____

At least forty days have elapsed since the date of death of decedent, as evidenced by the attached Death Certificate.

No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

All debts of 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.

I have given written notice, if necessary, 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 that of my right, and that at least 14 days have elapsed since the notice was served or mailed.

I am personally entitled to full payment or delivery of the property claimed, or 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.

I have no knowledge of any existing claims for personal injury or tort damages against the decedent.

I acknowledge that I understand that filing a false affidavit constitutes a felony in the State of Nevada.

SUBSCRIBED AND SWORN to before me this
_____ day of _____, 20_____.

_____
NOTARY PUBLIC in and for the County of
_____, State of _____.

_____
(Signature)

_____
(Printed Name)

_____
(Street Address)

_____
(City, State, & Zip Code)