

Code: 3616

Name: _____

Address: _____

Telephone: _____

Email: _____

Self-Represented Litigant

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

IN THE MATTER OF THE ESTATE OF:

_____, Case No. _____
Deceased. / Dept. No. PR

EX PARTE PETITION FOR ORDER TO RELEASE MEDICAL RECORDS

I, a self-represented litigant, allege as follows:

1. I am the _____ of Decedent, _____, and
(Your relationship to Decedent) (Decedent's name)

reside at _____.
(Your Street address, City, State, and Zip Code)

2. Decedent died on _____, in _____
(Date, to include, month, day, year) (County where death occurred)

and, on the date of death, Decedent was a resident of _____ County, Nevada. A certified copy of

DECEDENT'S DEATH CERTIFICATE -OR- OTHER PROOF OF DEATH is attached as

"Exhibit 1".

3. Jurisdiction is proper in this proceeding.

4. The names, relationships, ages of minors and residence addresses of all the devisees, legatees, heirs, and next-of-kin of Decedent, as known to me, are (include spouse, parents, siblings, and all children of Decedent, even if estranged or out of State (if address is unknown, write unknown)):

	Name	Relationship/Age (if minor)	Address
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

5. I am seeking medical records from (list names and addresses of all doctors, health care providers, and medical facilities located in Nevada from whom you are seeking records):

If more room is needed, attach additional sheets.

WHEREFORE, I pray:

That the Court make and enter an Order directing the officers of the above named doctors, health care providers, and medical facilities to release Decedent's medical records to

 (Your name and address, or someone you designate to receive records)

I declare, under penalty of perjury under the law of the State of Nevada, that I have read the foregoing document and know the contents thereof, and the contents are true of my own knowledge, except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Date: _____

Your Signature: _____

Print Your Name: _____

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

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