AFFIDAVIT OF ENTITLEMENT FOR ESTATES THAT DO NOT EXCEED $25,000 FOR A NON-SPOUSE CLAIMANT OR THAT DO NOT EXCEED $150,000 FOR A SPOUSE CLAIMANT
NRS 146.080

STATE OF _____

COUNTY OF _____

I, *(your name)*_____, affiant herein, being first duly sworn, upon oath say: That I am the person with the right to succeed to the property of *(decedent's name)* _____ _____, Deceased, either as an heir or as a beneficiary under the Last Will and Testament of the decedent, who died in *(State of death)* _____ on the *(day)* _____ day of *(month)* _____, 20 ___, being a resident of the State of Nevada, leaving an estate in the County of _____, State of Nevada, which is not real property nor a lien thereon, of a gross value that does not exceed $25,000 for a non-spouse claimant or $150,000 for a spouse claimant (not including the value of motor vehicles), consisting of the following *(bank account(s) with last four digits of account number, stock certificate(s), insurance proceeds, personal property, etc., and the portion claimed, if less than 100%)*: _____

_____

(☒ *check one*)

☐ That I, as the *(relationship to decedent)* _____ of the decedent, have the sole right, pursuant to the provisions of NRS 146.080, to succeed to said property of the decedent, and to receive the property of the decedent, and have any evidences of interest, indebtedness or right transferred to me.

☐ That the following persons *(names of heirs or will beneficiaries)*: _____, _____, _____, _____, are the legal heirs or beneficiaries of the decedent, and that I am entitled to payment or delivery of said property, evidence of interest, indebtedness or right transferred to me on behalf of and with the written authority of all such successors who have an interest in the property.

That I am entitled to payment or delivery of said property to me by: *(person or corporation having custody of such property)*: _____

That at least forty days have elapsed since the date of death of decedent.

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

That all debts of decedent, including funeral and burial expenses, have been paid or provided for.

That no funds are owed to Nevada State Welfare ("Medicaid").

That 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 mine, and that at least 14 days have elapsed since the notice was served or mailed.

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

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 ___.

_____
(Signature)

_____
(Name, printed or typed)

_____
(Street Address)

_____
(City, State, Zip Code)

_____
Notary Public in and for
said County and State