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Name: _____
Address: _____
Telephone: _____
Email: _____

**IN THE SECOND JUDICIAL COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

**IN THE MATTER OF THE ESTATE
OF**

Case No.
Dept. No. PR

Deceased. /

REQUEST FOR SUBMISSION

I, _____, requests that
(Your Name)
the _____
(Name of Document to Be Submitted To The Court)
filed on _____ be submitted to the Court for decision.

I hereby certify that a copy of this Request has been mailed to all parties or their
counsel. This document does not contain the Social Security Number of any person.

Date: _____

Signature: _____

Print Name: _____

Attorney for: _____