

Code: 3595

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

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

_____ /

PETITION FOR LETTERS OF SPECIAL ADMINISTRATION

I respectfully represent as follows:

1. That the Decedent, _____, died on or about the _____ day of _____, _____. A certified copy of Decedent's Death Certificate, or other proof of death, is attached hereto as **Exhibit "1"**.

2. The Decedent was, at the time of his/her death, a resident of the County of Washoe, State of Nevada, and that his/her Estate consists of real and/or personal property and that the exact value and character of said property has not been determined, but it is believed to be of an estimated total value of [check one]:

- More than \$300,000.00
- Between \$20,000.00 and \$300,000.00
- Between \$2,500.00 and \$20,000.00
- Less than \$2,500.00

1 3. There is no person authorized to care for the property belonging to the Estate and there is
2 danger of the same being neglected and greatly damaged thereby, and someone should be
3 authorized to take charge of and care of the property of the Estate.

4 In addition, Special Administration is needed for the following reason(s):

5 _____
6 _____
7 _____
8 _____

9
10 4. Decedent died [check one]:

11 without a Last Will and Testament. Petitioner is a Nevada resident [see NRS 139.010].

12 -OR-

13 with a Last Will and Testament. The Will has -OR- has not been lodged with
14 this Court pursuant to NRS 136.050. Petitioner is the person named in the Will to serve as
15 Executor, with -OR- without bond. [If necessary, please provide additional explanation]:

16 _____
17 _____
18 _____

19
20 5. Petitioner is willing to act as Special Administrator of the Estate to ascertain the assets and
21 protect the same and for the reasons stated in paragraph 3, above. Petitioner is over the age of 18
22 years and has never been convicted of a felony. Petitioner's address is:

23 _____
24 _____

25
26 6. The following are all of the relatives, heirs, next of kin, and persons named in the Will of the
27 Decedent within the second degree of consanguinity: (IMPORTANT: Must include: legally
28 married spouse, all living parents, siblings, and all children, even if estranged, out of state, or

1 disinherited in Will. Relationship to Decedent must be listed, as well as whether adult or minor
2 (with age of minors listed) and address of each (if unknown put last address or “unknown”).

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

17 7. I understand that, if the Court appoints me as Special Administrator, I will be required to file
18 Reports, Accounts and Inventories, and to follow up with a Petition for Administration of the entire
19 Estate, and/or for Discharge, as the Court may order.

21 8. I understand that I am obligated to serve by mail all papers, including this Order, on all
22 parties who are interested in the Estate.

24 WHEREFORE, Petitioner prays that he/she be appointed Special Administrator of the above
25 Estate; that he/she be authorized to deposit all liquid assets in a separate Estate account; to take
26 possession of or to secure all real and personal property, and to communicate with lenders and
27 institutions as may become necessary to protect and preserve the Estate assets. Petitioner further
28 requests that he/she be specifically authorized to: _____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

DATED this (*day*) _____ day of (*month*) _____, 20 ____.

Submitted By: (*Your signature*) _____
(*Print your name*) _____

VERIFICATION

Under penalty of perjury, I declare that I am the Plaintiff in the above-entitled action; that I have read the foregoing Petition for Special Letters of Administration and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this (*day*) _____ day of (*month*) _____, 20 ____.

Submitted By: (*Your signature*) _____
(*Print your name*) _____

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____