

# **Exhibit Cover Page**

**EXHIBIT NUMBER \_\_\_\_\_**

**AFFIDAVIT OF ENTITLEMENT FOR ESTATES  
THAT DO NOT EXCEED \$25,000 FOR A NON-SPOUSE CLAIMANT  
OR THAT DO NOT EXCEED \$100,000 FOR A SPOUSE CLAIMANT  
NRS 146.080**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

\_\_\_\_\_, being first duly sworn, upon oath says:  
That he/she is the person with the right to succeed to the property of \_\_\_\_\_, Deceased, either as an heir or under the Last Will and Testament of the decedent, who died in \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, being a resident of the State of Nevada, leaving an estate in the County of Washoe, 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 \$100,000 for a spouse claimant, consisting of the following:

\_\_\_\_\_  
(Set forth whatever the asset(s) may be: Bank account, stock certificate, insurance proceeds, payroll check, personal property, et cetera, and the portion claimed. Do not include the value of any motor vehicles.)  
**(check one)**

\_\_\_\_\_ That he/she, as the \_\_\_\_\_ of the Decedent, has the right, pursuant to the provisions of NRS 146.080, to succeed to said property of said decedent, and to have any evidences of interest, indebtedness or right transferred to him/her by \_\_\_\_\_ (provide name of person, representative, corporation or body having custody of such property or acting as registrar or transfer agent of such evidence of interest.)

**-- OR --**

\_\_\_\_\_ That the following persons: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, are the legal heirs of the Decedent, and that affiant is entitled to payment or delivery on behalf of and with the written authority of all such successors who have an interest in the 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 affiant has given written notice, if necessary, by personal service or by certified mail, identifying his/her 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 affiant, and that at least 14 days have elapsed since the notice was served or mailed.

That affiant is personally entitled to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.

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

That affiant acknowledges that he/she understands 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)

\_\_\_\_\_  
Notary Public in and for said  
County and State

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)