Claim #: [CLAIM NUMBER]

**NEVADA SMALL ESTATE AFFIDAVIT**

STATE OF NEVADA

COUNTY OF [COUNTY]

I, [AFFIANT NAME], residing at [AFFIANT ADDRESS], being first duly sworn, upon oath says:

1. That I am the person who has a right to succeed to the property of the decedent.
2. That the decedent, [DECEDENT NAME], died on [MM/DD/YYYY], at [PLACE OF DEATH].
3. That the decedent’s property does not include any real property nor interest therein, nor mortgage or lien thereon, and that the gross value of the decedent’s property in this State, except amounts due the decedent for services in the Armed Forces of the United States or the value of any motor vehicles registered to the decedent, does not exceed: (check one)

$100,000 (if the claimant is the surviving spouse of the decedent).

$25,000 (any other claimant).

1. That at least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the certificate of death of the decedent attached to the affidavit.
2. That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
3. That all debts of the decedent, including funeral and burial expenses, and money owed to the Department of Health and Human Services as a result of the payment of benefits for Medicaid, have been paid or provided for.
4. That I am personally entitled, or the Department of Health and Human Services is entitled, to full payment or delivery of the property claimed or I am entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.
5. That I have no knowledge of any existing claims for personal injury or tort damages against the decedent.
6. That I have given written notice, 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.
7. That the decedent’s property consists of the following, and I am entitled to the following share(s) of the property: (If claiming less than a 100% share, list all other claimants and the share each claims)

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| --- | --- | --- |
| **Property** | **Share (%)** | **Additional Information** |
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1. That I acknowledge and understand that filing a false affidavit constitutes a felony in this State.
2. That the decedent: (check one)

- Did leave a will. A true and correct copy of the will is attached hereto.

- Did not leave a will.

1. I further state that probate proceedings: (check one)

- Have taken place or are currently pending. Probate documents are attached, including

any letters testamentary or other letters or petitions for issuance of letters.

- Have not taken place and are not currently pending.

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

EXECUTED this [DD] day of [MONTH], 20[YY].

BY:

**Notary Public Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_