



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1830 E. College Pkwy Suite 120, Carson City, NV 89706
Phone (775) 684-2940; Fax (775) 684-2949
mhd.nv.gov

AFFIDAVIT OF ENTITLEMENT
NRS 146.080

To be used for death occurring after 10/1/2001

Before the undersigned Notary Public came:

Affiant _____

who, after being duly sworn, states and deposes as follows:

That on the _____ day of _____, 20____,

(Name of Decedent)

died in _____, _____

(City)

(State)

leaving no real property or interest therein, nor lien thereon, situated in the State of Nevada.

That the total gross value of the decedent's property, situated in the State of Nevada, except amounts due to the decedent for services in the Armed Forces of the United States, does not exceed \$20,000, and that the property does not include any real property nor interest therein nor mortgage or lien thereon.

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

That all debts of the decedent, including funeral and burial expenses and money owed to the Department of Human Resources as a result of the payment of benefits for Medicaid have been paid or provided for.

That the Affiant has given written notice, by personal service or by certified mail, identifying the Affiant's 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 the Affiant and that at least 14 days have elapsed since the notice was served or mailed.

That the Affiant is personally entitled, or the Department of Human Resources is 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.

THE AFFIANT ACKNOWLEDGES AN UNDERSTANDING THAT FILING A FALSE AFFIDAVIT CONSTITUTES A FELONY IN THIS STATE.

Affiant states that he/she is entitled, pursuant to the provisions of **NRS 146.080** to succeed to the Certificate of Ownership of decedent's manufactured home and that it be transferred to Affiant for the following reason: (State reason and relationship to decedent)

Description of property:

Manufacturer: _____ Model: _____

Year of Manufactured Home _____ Serial # _____

Percentage Claimed _____

Affiant finally states that at least forty 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.

Signature of Affiant

Address

City State Zip Code

State of _____ County of _____

Signed and sworn to before me, _____ the undersigned
(Name of Notary Public)

Notary Public, on the _____ day of _____ 20 _____.

by _____
(Name of Person(s) appearing before Notary)

Signature of Notary Public