



**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**

Before the undersigned Notary Public came _____,
who, after being duly sworn, states and deposes as follows:

That on the _____ day of _____, _____,
_____, a resident of the State of Nevada, died
(Name of decedent)

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

That the total gross value of 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 lien thereon.

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 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 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 the affiant, and that at least 10 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 THAT HE/SHE UNDERSTANDS 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, Serial Number _____, Make _____, and Year _____, and that it be transferred to Affiant for the reason that (reason Affiant is entitled to receive property, and relationship to decedent):

Affiant finally states that at least 40 days have elapsed since the death of the decedent as evidenced by a certified copy of the death certificate attached hereto.

Signature

Address

City

State

Zip

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

this _____ day of _____, 20____,

by _____.
(Name of persons signing in presence of Notary Public)

Notary Public