

**EIGHTH JUDICIAL DISTRICT COURT  
CLARK COUNTY, NEVADA  
FAMILY COURT COVER SHEET**

CASE NO. \_\_\_\_\_ (To be assigned by the Clerk's Office)

**Do you or any other party in this case (including any minor child) have any other current case(s) or past case(s) in the Family Court or Juvenile Court in Clark County?**  
 YES       NO  
**If yes, complete the other side of this form**

**PARTY INFORMATION (Please Print)**

Plaintiff/Petitioner		Defendant/Respondent/Co-Petitioner/Ward/Decedent	
Last Name:		Last Name:	
First Name:	Middle Name:	First Name:	Middle Name:
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	Date of Birth:	Phone #:	Date of Birth:
Attorney Information		Attorney Information	
Name:	Bar No.:	Name:	Bar No.:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	

(Check one box only for the type of case being filed with this cover sheet)

DOMESTIC	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP	PROBATE
<b>Marriage Dissolution</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce -No minor child(ren) <input type="checkbox"/> Divorce -With minor child(ren) <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition -No minor child(ren) <input type="checkbox"/> Joint Petition - With minor child(ren) <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Adoption -Minor <input type="checkbox"/> Adoption -Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Child Support/Custody <input type="checkbox"/> Other (identify) _____	<b>Guardianship of an Adult</b> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate  <b>Guardianship of a Minor</b> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate  <input type="checkbox"/> Guardianship Trust	<input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside Estates <input type="checkbox"/> Trust/Conservatorships <input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee <input type="checkbox"/> Other Probate
MISC. JUVENILE PETITIONS	DA CHILD-SUPPORT PETITIONS		
<input type="checkbox"/> Emancipation	<input type="checkbox"/> DA - UIFSA	<input type="checkbox"/> DA - Child Support In State	

List children involved in this case (If more than 3 children, please enter the information on the reverse side)

Last Name	First Name	Middle Name	Date of Birth	Relationship
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Printed Name of Preparer \_\_\_\_\_

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

**Supply the following information about any other proceeding (check all that apply):**

- Divorce   
  Temporary Protective Orders (TPO)   
  Custody/Child Support  
 UIFSA/URESA   
  Paternity   
  Juvenile Court   
  Other

Please Print

List full name of all adult parties involved			Case number of other proceeding(s)	Approximate date of last order in other proceeding(s)
Last Name	First Name	Middle Name		
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If children were involved (other than those listed on front page), please provide:

Last Name	First Name	Middle Name	Date of Birth	Relationship
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Children involved in this case (continuation from front page)

Last Name	First Name	Middle Name	Date of Birth	Relationship
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**THIS INFORMATION IS REQUIRED BY**  
**NRS 3.025, NRS 3.223, NRS 3.227, NRS 3.275,**  
**NRS 125.130, NRS 125.230,**  
**And will be kept in a confidential manner by the Clerk's Office.**



1 Floor, Las Vegas, NV 89101-2408, or by contacting the  
2 Petitioner(s) or the attorney for the Petitioner(s) whose name,  
3 address, and telephone number is:  
4

5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

8 DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

11 Respectfully submitted,

12 By: \_\_\_\_\_  
13 (signature)

14 \_\_\_\_\_  
(print name)

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City, State, Zip Code

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Telephone number/E-mail Address

IN PROPER PERSON

DISTRICT COURT  
CLARK COUNTY, NEVADA

In the Matter of the Estate of: )

) Case No. P \_\_\_\_\_

) Dept. No. PC-1

)  
Deceased. )

PETITION TO SET ASIDE ESTATE WITHOUT ADMINISTRATION

Petitioner, \_\_\_\_\_,

appearing in Proper Person, hereby petitions the Court for an  
Order setting aside the estate of \_\_\_\_\_,  
Deceased, without administration. In support of this Petition,  
Petitioner respectfully states the following:

1. Decedent died on the \_\_\_\_ day of \_\_\_\_\_ (month),  
20\_\_\_\_ (year), in \_\_\_\_\_ (city), County of  
\_\_\_\_\_, State of \_\_\_\_\_. A certified  
copy of Decedent's death certificate is attached as Exhibit "A"  
and by reference made a part hereof.

2. There is no record of a Last Will and Testament and,  
therefore, Petitioner believes the Decedent died intestate.

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3. The Decedent left an estate in Clark County, Nevada, consisting of the following separate property with a gross value of \$\_\_\_\_\_.

Type of Property	Estimated Gross Value
• Bank accounts, CDs, stock certificates, etc. - include name of institution & account number	
• Vehicles - include year, make, model & vehicle identification number (VIN)	
• Other personal property, such as furniture, jewelry, cash, etc.	
• Real property - include street address, legal description & assessor's parcel number (APN)	

Proof of value of the above assets is attached as Exhibit "B."

4. At the date of Decedent's death, there were liens and mortgages on the above property as follows:

Lienholder (Secured Debt)	Estimated Amount Owed



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WHEREFORE, the Petitioner prays:

1. If this Court finds that the gross value of the Estate of Decedent, after deducting any encumbrances, does not exceed \$100,000, the Court enter its Order directing that the Decedent's estate be set aside in its entirety to \_\_\_\_\_

\_\_\_\_\_ pursuant to NRS 146.070(1) or pursuant to the laws of intestate succession and NRS 134; and

2. For all other necessary and proper orders.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

Under penalty of perjury, the undersigned states as follows: That I am the Petitioner in the foregoing action; that I have read the above and foregoing Petition to Set Aside Estate Without Administration, and that the same is true of my own knowledge, except for matters stated therein on information and belief, and as for those matters, I believe them to be true.

\_\_\_\_\_  
Signature of Petitioner



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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone number/ E-Mail Address \_\_\_\_\_

IN PROPER PERSON

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of: )

) Case No. P \_\_\_\_\_

) Dept. No. PC-1

) Deceased. \_\_\_\_\_

CERTIFICATE OF MAILING

I HEREBY CERTIFY that service of the Notice of Hearing re:

Petition to Set Aside the Estate Without Administration was made

this \_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year), by

depositing a copy of the same in the U.S. Mail, postage prepaid,

regular mail, addressed to: (you are required by statute to mail to Nevada State

Welfare and all beneficiaries and heirs)

1. State of Nevada Dept. of Health and Human Services,  
Medicaid Estate Recovery, 1000 East Williams Street, #102,  
Carson City, NV 89701

2. \_\_\_\_\_

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- 11. \_\_\_\_\_
- 12. \_\_\_\_\_

DATED this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Respectfully submitted,

By: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

IN PROPER PERSON



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IT IS HEREBY ORDERED, ADJUDICATED AND DECREED:

1. That the whole of the Nevada Estate of said \_\_\_\_\_  
\_\_\_\_\_, Deceased, is hereby assigned and set  
aside to \_\_\_\_\_

\_\_\_\_\_ as follows:

- Bank accounts, CDs, stock certificates, etc. - include name of institution & account number
- Vehicles - include year, make, model & vehicle identification number (VIN)
- Other personal property, such as furniture, jewelry, cash, etc.
- Real property - include street address, legal description & assessor's parcel number (APN)

2. That this Order shall be used as the document  
transferring the title to said property to \_\_\_\_\_

3. That said Estate shall not be further administered  
upon.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DISTRICT COURT JUDGE

Respectfully submitted,

By: \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(print name)

IN PROPER PERSON