

**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
Marriage Dissolution <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) _____	Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <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
1.				
2.				
3.				

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 NOTC

2 _____
Name

3 _____
Address

4 _____
City, State, Zip Code

5 _____
Telephone number/E-Mail Address

6 IN PROPER PERSON

7 DISTRICT COURT

8 CLARK COUNTY, NEVADA

9 In the Matter of the Estate of:)
10)) Case No. P _____
11)) Dept. No. PC-1
12))
Deceased.)

13 NOTICE OF HEARING RE: PETITION TO SET ASIDE
14 ESTATE WITHOUT ADMINISTRATION

15 PLEASE TAKE NOTICE that Petitioner, _____
16 _____, filed with the Court a Petition to Set
17 Aside the Estate (to _____
18 _____) without Administration
19 _____
20 in the matter of the above-named Decedent; that a hearing on the
21 Petition has been set for the ____ day of _____ (month),
22 20____ (year), at the hour of 9:30 a.m., in the Probate Court,
23 which is located at the Family Court, 601 N. Pecos, 2nd Floor,
24 Courtroom 9, Las Vegas, NV 89101. Further details concerning
25 this Petition can be obtained by reviewing the Court file at the
26 Office of the Clerk of Court, Clark County Courthouse, Family
27 Courts and Services Center, 601 N. Pecos, 1st Floor, Las Vegas,
28

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

5 _____
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8 DATED this ____ day of _____, 20____.

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Respectfully submitted,

By: _____
(signature)

(print name)

IN PROPER PERSON

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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 |
|--|-----------------------|
| <ul style="list-style-type: none"> • 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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- 7. _____
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- 10. _____
- 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