

**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
<p align="center">Marriage Dissolution</p> <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) _____	<p align="center">Guardianship of an Adult</p> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <p align="center">Guardianship of a Minor</p> <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/URESAs
 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		
1.				
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3.				
4.				

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 2. The petitioner believes that decedent executed his/her
2 Last Will and Testament on the ____ day of _____ (month),
3 20____ (year), and the Will names _____
4 _____ as beneficiary(ies).

5
6 The original of the Will was filed with the Clerk of the Court
7 on the ____ day of _____ (month), 20____ (year) and a
8 copy of said Will is attached as **Exhibit "B."**

9
10 3. The Decedent left an estate in Clark County, Nevada,
11 consisting of the following separate property with a gross value
12 of \$_____:

Type of Property	Estimated Gross Value
• Bank accounts, CDs, stock certificates, etc. - include name of institution & account number	
• Vehicles - include 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)	

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

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

Lienholder (Secured Debt)	Estimated Amount Owed

Proof of the above liens and/or mortgages is attached as **Exhibit "D."**

5. The estimated value of Decedent's property (estimated gross value less liens and mortgages) is: \$_____.

6. The debts of Decedent, so far as are known to Petitioner are:

Creditor	Estimated Amount Owed

Proof of the debts is attached as **Exhibit "E."**

7. The names, ages of any minors and residence addresses of any devisee, any heirs, and their relationship to the Decedent so far as known to Petitioner are:

1 Decedent's estate be set aside in its entirety to _____

2 _____

3 pursuant to the Last Will and Testament of the Decedent and NRS
4 146.070(1) or pursuant to NRS 146.070(2); and

6 3. For all other necessary and proper orders.

7 DATED this _____ day of _____, 20____.

8
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10 _____
Signature of Petitioner

11
12 Under penalty of perjury, the undersigned states as
13 follows: That I am the Petitioner in the foregoing action; that
14 I have read the above and foregoing Petition to Prove Will and
15 Set Aside Estate Without Administration, and that the same is
16 true of my own knowledge, except for matters stated therein on
17 information and belief, and as for those matters, I believe them
18 to be true.

19 _____
Signature of Petitioner

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1 601 N. Pecos, Las Vegas, NV 89101-2408, or by contacting the
2 Petitioner whose name, address and telephone number is:
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7 DATED this ____ day of _____, 20____.

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Respectfully submitted,

By: _____
(signature)

(print name)

IN PROPER PERSON

1 CERT

2 _____
Name

3 _____
Address

4 _____
City, State, Zip Code

5 _____
Telephone number

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 **CERTIFICATE OF MAILING**

14 I HEREBY CERTIFY that service of the Notice of Hearing re:
15 Petition to Prove Will and Set Aside the Estate Without
16 Administration was made this ____ day of _____ (month),
17 20____ (year), by depositing a copy of the same in the U.S.
18 Mail, postage prepaid, regular mail, addressed to: (you are required by
19 statute to mail to Nevada State Welfare and all beneficiaries and heirs)
20

- 21 1. State of Nevada Dept. of Health and Human Services,
22 Medicaid Estate Recovery, 1000 East Williams Street, #102,
23 Carson City, NV 89701
- 24 2. _____
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- 7. _____
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- 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 Will of the Decedent filed herein dated the _____ day of _____ (month), _____ (year), is hereby proved to be a legal and valid Will.

1. That the whole of the Nevada Estate of said _____, Deceased, and 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 of 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