CERT

_____
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. _____
3. _____
4. _____
5. _____
6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

DATED this ____ day of _____, 20_____.

Respectfully submitted,

By: _____
(signature)

_____
(print name)
IN PROPER PERSON