1	CERT			
2	Name			
3	Address			
4	City, State, Zip Code			
5	Telephone number/E-mail Address IN PROPER PERSON			
6	IN FROFER FERBON			
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				
13	CERTIFICATE OF MAILING			
14	I HEREBY CERTIFY that service of the Notice of Hearing re:			
15 16	Petition to Prove Will and Set Aside the Estate Without			
17	Administration was made this day of (month),			
18	20 (year), by depositing a copy of the same in the U.S.			
19	Mail, postage prepaid, regular mail, addressed to: (you are required b			
20	statute to mail to Nevada State Welfare and all beneficiaries and heirs)			
21 22	1. State of Nevada Dept. of Health and Human Services, Medicaid Estate Recovery, 1000 East Williams Street, #102, Carson City, NV 89701			
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24	3.			
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	Page 1 of 2			

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8	12.		
9		DATED this day of	, 20
10			
11			Respectfully submitted,
12			
13			By: (signature)
14			(print name)
15			IN PROPER PERSON
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