_____
Name
_____
Address
_____
City, State, Zip Code
_____
Telephone number/E-mail Address

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of:	)
	) Case No. P_____
	)
	) Dept. No. PC-1
Deceased.	)
_____	)

NOMINATION OF SPECIAL ADMINISTRATOR

I, _____ (name), _____ (relationship) of decedent, whose address is: _____ _____ declare under penalty of perjury that I hereby nominate _____, who resides at: _____ _____, to serve as Special Administrator of the Estate of _____ (decedent).

DATED this ____ day of _____, 20_____.

Respectfully submitted,

By: _____
(signature)

_____
(print name)