



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION**

**AFFIDAVIT OF ENTITLEMENT
(To be used for death occurring between 10/1/99 and 9/30/2001)**

Before the undersigned Notary Public came _____
_____, **Affiant** who, after being duly sworn, states and deposes
as follows: That on the _____ day of _____, _____

Name of Decedent

a resident of the State of Nevada, died leaving no real property or interest therein, nor mortgage or lien thereon, situated in the State of Nevada.

That the total gross value of the decedent's property, situated in the State of Nevada, except amounts due to the decedent for services in the Armed Forces of the United States, does not exceed \$20,000, and that the property does not include any real property nor interest therein nor mortgage or lien thereon.

That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

That all debts of the decedent, including funeral and burial expenses and money owed to the Department of Human Resources as a result of the payment of benefits for Medicaid have been paid or provided for.

That the Affiant has given written notice, by personal service or by certified mail, identifying the Affiant's claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to that of the Affiant and that at least 14 days have elapsed since the notice was served or mailed.

That the Affiant is personally entitled, or the Department of Human Resources is entitled, to full payment or delivery of the property claimed or is entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property.

THE AFFIANT ACKNOWLEDGES AN UNDERSTANDING THAT FILING A FALSE AFFIDAVIT CONSTITUTES A FELONY IN THIS STATE.

Affiant states that he/she is entitled by law to succeed to the Certificate of Ownership of decedent's manufactured home and that it be transferred to Affiant for the following reason: _____

Description of property:

Manufacturer _____

Year of Manufactured Home _____ Serial # _____

Percentage Claimed _____

Affiant finally states that at least forty days have elapsed since the death of the decedent as evidenced by a certified copy of the death certificate of the decedent attached herein.

Signature of Affiant

Address

City State Zip Code

Signed and sworn to before me, _____ the undersigned Notary Public on the _____ day of _____ 20____, by _____
(Name of Signer)

Notary Public