

**PETITION TO CLAIM DECEDENT'S PERSONAL FUNDS OF
STATE OF NEVADA**

County of _____ } SS

I, _____, being duly sworn, upon oath says:

That he/she is the _____ of/for _____ deceased, who resided and died in the County of _____, State of Nevada on the ____ day of _____ 20____, leaving an estate in the County of _____, State of Nevada, consisting of a patient trust fund account of \$ _____ and patient liability refund of \$ _____.

That by acceptance of monies under this petition I accept personal liability, limited to monies accepted, for the proper payment of: **FIRST:** Funeral expenses (allowable expenses to be approved by Medicaid Estate Recovery); **SECOND:** Expenses of last illness (allowable expenses to be approved by Medicaid Estate Recovery); **THIRD:** Family allowance (surviving spouse, minor child, blind/disabled child, child support payments); **FOURTH:** Debts having preference by laws of the United States; **FIFTH:** Monies owed to the Department of Health and Human Services as a result of payment of benefits for Medicaid. [N.R.S. 147.195]

That I am lawfully entitled to register a claim for these monies.

(Signature of Claimant)

(Date)

SUBSCRIBED AND SWORN to me this

_____ Day of _____, 20 _____.

(signature of Notary)