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dmv.nv.gov

TRANSFER ON DEATH - BENEFICIARY'S AFFIDAVIT FOR TITLE NRS 482.247 NAC 490.435

This application is to be completed when the title cannot be located.

- The application must be completed by the beneficiary with the "Transfer on Death" designation on title record on file with the Department of Motor Vehicles.
- The application must be notarized **or** witnessed by an authorized Nevada Department of Motor Vehicles Representative.
- A certified copy of the death certificate must be submitted, for each owner, listed on the title.
- A \$20 Title fee must be submitted with the application.

Vehicle Identificat	ion Number					
Year:	Make: Model		Body Type:			
Current Odometer I	Reading (no tenths)					
Owner(s) – (as liste	d on latest certificate of t	itle)				
Full Legal Name: _						
First Full Legal Name:		Middle		Last		
Physical Address:		Mide	Middle		Last	
Mailing Address:	Street		City	State	Zip Code	
Mailing Address.	Street		City	State	Zip Code	
	ny contest of the validity cribed in NRS 482 and N					
Printed Full Legal Name of Beneficiary: First			Middle	e Last		
Physical Address:		riist				
Mailing Address:	Street		City	State	Zip Code	
_	Street		City	State	Zip Code	
State of,	County of,			Natara Ctara		
Signed and sworn t	o before me on			Notary Stamp		
Ву:		Date				
Signatu	re of Affiant					
		Notary Public	<i>or</i> Authorize	ed Nevada DMV	Representative	

Signatures must be originals. Photocopies are not acceptable. Changes may not be made to this form once it is signed and witnessed.