



COPY/INSPECTION REQUEST

FOR DOCUMENTS CONTAINING PERSONAL INFORMATION OF A DECEASED OR INCAPACITATED PERSON; PURSUANT TO NRS 247.090

Date: _____

Document number: _____ Document type: _____

Document number: _____ Document type: _____

Full name of deceased / incapacitated: _____

Applicant's relationship to deceased / incapacitated (please check one):

Spouse _____ Widow _____ Widower _____ Parent _____

Brother _____ Sister _____ Child _____ Guardian _____

Personal representative (capacity): _____

Applicant's name and mailing address (please print):

Signature of applicant: _____

For Recorder's Office staff use only

Type of photo identification presented by applicant: _____

Copy fee (\$1.00 per page): _____ Certification fee (\$4.00 per document): _____

Recorder's Office staff initials: _____

DRU MCPHERSON, RECORDER
WWW.STOREYCOUNTY.ORG/RECORDER