

1 Code: 3860

2 Name: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Telephone: \_\_\_\_\_

5 Email: \_\_\_\_\_

6 Self-Represented Litigant

7 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

8 IN AND FOR THE COUNTY OF WASHOE

9 IN THE MATTER OF THE ESTATE OF:

10 \_\_\_\_\_, Case No. \_\_\_\_\_

11 Deceased. Dept. No. PR

12 \_\_\_\_\_/

13  
14 REQUEST FOR SUBMISSION

15  
16 I request that the Ex Parte Petition for Order to Release Medical Records that was filed on  
17 *(date the document was filed with the Court)* \_\_\_\_\_ be submitted to the Court  
18 for decision.

19 This document does not contain the personal information of any person as defined by NRS  
20 603A.040.

21  
22 DATED this *(day)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, 20\_\_\_\_.

23  
24 Submitted By: *(Your signature)* \_\_\_\_\_

25 *(Print your name)* \_\_\_\_\_