



**ATTN: OHV SECTION**  
 555 Wright Way  
 Carson City, NV 89711  
 (775) 684-4381  
[www.ohv.nv.gov](http://www.ohv.nv.gov)

## TRANSFER ON DEATH - BENEFICIARY'S AFFIDAVIT FOR TITLE FOR AN OFF-HIGHWAY VEHICLE

### Revised Proposed Regulation of the DMV, LCB File No. R130-11 Section 20

This section is to be completed when the title for the off-highway vehicle 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.
- Send the \$21.00 title fee which includes a Technology fee, a certified copy of the death certificate(s) and the application to the DMV at the address above, or bring them to a Nevada licensed off-highway vehicle dealer.

**OHV transactions cannot be completed at DMV offices.**

Vehicle Identification Number

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

Owner(s) – (as listed on latest certificate of title)

Full Legal Name: \_\_\_\_\_

Nevada Driver's License, Identification Card Number or Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Full Legal Name: \_\_\_\_\_

Nevada Driver's License, Identification Card Number or Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

I certify that I am the beneficiary with the "Transfer on Death" designation of the described off-highway vehicle and that the original Certificate of Title cannot be located. I hereby release, discharge and agree to hold harmless the Nevada Department of Motor Vehicles of and from any and all liability to anyone whomsoever which may arise by reason of any contest of the validity of the beneficiary named herein, or the validity of the beneficiary in the manner prescribed in NAC 490. I declare under penalty of perjury the foregoing is true and correct.

State of Nevada, County of: \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By: \_\_\_\_\_  
Signature of Beneficiary Making Statement

\_\_\_\_\_  
Notary Public

**Signatures must be originals, photocopies will not be accepted. Changes may not be made to this form once it is signed and witnessed.**