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How to Complete a Nevada General Release

Settling a Dispute Privately

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR NEVADA GENERAL RELEASE.

About this form. A release settles a dispute: one side gives up claims in exchange for payment. It is usually permanent, including for injuries or damages not yet known.

1. **Be ready to settle**
   If you were injured, talk to an attorney first.
2. **Fill in parties and matter**
   Clear descriptions.
3. **Enter the payment**
   Sign when payment is delivered.
4. **Choose the scope**
   Initial the unknown-claims release.
5. **Exchange copies**
   Keep proof of payment.
6. **Sign before a Nevada notary**
   Do **not** sign ahead of time. Bring a current government-issued photo ID. Our Nevada-commissioned notaries come to you.

Good to Know

- Insurers use their own release forms; read them carefully.
- A minor's claim generally needs court approval.
- Liens may need to be paid from the settlement.

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Nevada-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in Nevada, California, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

GENERAL RELEASE OF ALL CLAIMS

Settlement Release — Nevada

_____ _____

(RELEASOR) (address)

_____ _____

(RELEASEE) (address)

_____ _____

(incident or dispute) (date)

_____ _____

Payment $ (form and timing of payment)

For the payment above, Releasor, for Releasor and Releasor's heirs and assigns, releases and forever discharges Releasee and Releasee's heirs, insurers, employees, and assigns from (mark one) ☐ all claims arising out of the matter above ☐ all claims of every kind to the date of this release, **whether known or unknown, suspected or unsuspected**. Releasor accepts the risk that facts or damages may later prove different.

Releasor's initials acknowledging the release of unknown claims: _____

This is a compromise, not an admission of liability. Releasor will pay any liens (medical providers, health plans, Medicare) from the payment, has not assigned any claim, had the opportunity to consult an attorney, and signs voluntarily. Governed by Nevada law.

Dated: _____

_____ _____

(signature of releasor) (signature of releasee, optional)

_____ _____

(printed name) (printed name)

Sign in front of the notary public, who will complete the acknowledgment on the next page.

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CERTIFICATE OF ACKNOWLEDGMENT

(Nevada Revised Statutes Section 240.166)

State of Nevada)

County of _____)

This instrument was acknowledged before me on _____ by

(date)

_____ .

(name(s) of person(s))

_____

(Signature of notarial officer)

_____

(Title and rank (optional))

(Seal, if any)

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