

EXAMPLE ONLY. [CLICK HERE](#) to download a saveable, printable, reusable version for just \$14.99.

TO: _____

TENANT NAME(S)

and all other persons in possession of the leased premises described below:

ADDRESS OF RENTAL PROPERTY

CITY

STATE

ZIP CODE

FROM: _____

YOU ARE HEREBY NOTIFIED that effective _____ after the date this notice has been served to you, the periodic tenancy by which you hold possession of the premises is terminated, at which time you are required to vacate and surrender possession of the premises. If you fail to do so, legal proceedings will be instituted against you to recover possession of the premises, damages, and costs of suit.

YOU MUST VACATE THE PREMISES AND DELIVER UP POSSESSION BY: _____

"MOVE-OUT DATE"

IN ACCORDANCE WITH NEVADA REVISED STATUTES §40.251(2):

Except as otherwise provided in this section, if a tenant with a periodic tenancy pursuant to paragraph (a) or (b) of subsection 1, other than a tenancy from week to week, is 60 years of age or older or has a physical or mental disability, the tenant may request to be allowed to continue in possession for an additional 30 days beyond the time specified in subsection 1 by submitting a written request for an extended period and providing proof of the tenant's age or disability. A landlord may not be required to allow a tenant to continue in possession if a shorter notice is provided pursuant to subparagraph (2) of paragraph (b) of subsection 1.

If you are in doubt regarding your legal rights and obligations, you should seek legal assistance.

RECORD OF SERVICE

I, _____, declare under penalty of perjury that on _____,
I served the above notice, of which this is a true copy, in the manner(s) indicated below:

- Hand delivered to the Tenant
- Given to person of suitable age and discretion at the Premises
- Conspicuously posted on the Premises
- Sent via certified mail with return receipt requested

DATE