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Assessor's Parcel Number: N/A

Date: JUNE 11, 2013

Recording Requested By:

Name: CYNDY REDMILES, SOCIAL SERVICES

Address: _____

City/State/Zip: _____

Real Property Transfer Tax: \$ N/A

Doc Number: **0825170**

06/11/2013 10:21 AM

OFFICIAL RECORDS

Requested By
DC/SOCIAL SERVICES

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 16 Fee: \$ 0.00

Bk: 0613 Pg: 2575



Deputy: pk

INTRASTATE INTERLOCAL CONTRACT #2013.106

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706

and

Douglas County Social Services
1133 Spruce St
Gardnerville, NV 89410

[Handwritten Signature]
TED THIRAN
CLERK

NO. 2013.106
2013 JUN 11 AM 8:43

FILED

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and
WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada;
NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective: October 1, 2012 to September 30, 2016, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 60 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

- ATTACHMENT A: SCOPE OF WORK
- ATTACHMENT B: AUTHORIZATION FOR REIMBURSEMENT
- ATTACHMENT C: NOTICE OF ACTION AND RIGHT TO REQUEST HEARING
- ATTACHMENT D: NOTICE OF INTERIM ASSISTANCE REIMBURSEMENT SSA-8125

7. **CONSIDERATION.** Contractor agrees to provide the services set forth in paragraph (6) at a cost of \$0 per N/A with the total Contract or installments not to exceed \$0. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. **ASSENT.** The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. **INSPECTION & AUDIT.**

a. **Books and Records.** Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. **Inspection & Audit.** Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. **Period of Retention.** All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. **BREACH; REMEDIES.** Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

11. **LIMITED LIABILITY.** The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

12. **FORCE MAJEURE.** Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be

through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of

the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the State of Nevada Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

[Signature] 9-20-12 County Manager
Signature Date Title

[Signature] 10/1/2012 Administrator,
~~Diane J. Comer~~ Michael J. McMahon Division of Welfare and Supportive Services
Date Title

Approved as to form by:

[Signature]
Deputy Attorney General for Attorney General, State of Nevada

On _____ (Date)

ATTACHMENT A**Scope of Work**

The Secretary of United States Department of Health and Human Services, hereinafter referred to as "Secretary" and the State of Nevada, Division of Welfare and Supportive Services hereinafter referred to as "DWSS" have entered into an agreement to provide for Interim Assistance for the purpose of assuring the availability of assistance to meet the basic needs of applicants for benefits under the Supplemental Security Program, Title XVI of the Social Security Act. DWSS may enter into agreements with County and/or Public Agencies hereinafter referred to as "Agency" so they may obtain Interim Assistance reimbursement from the Secretary for providing these services.

This agreement covers the reimbursement by the Secretary to the Agency for assistance furnished by the Agency to individuals during a) Months their supplemental security income (SSI) applications are pending, and/or b) Months their SSI benefits have been suspended or terminated, if said individuals are subsequently found to be eligible for SSI benefits for those months. DWSS does not agree to reimburse the Agency for any expenses incurred by the Agency while providing this service.

The Agency agrees to:

1. Obtain a completed, signed and dated Authorization for Reimbursement of Interim Assistance-Initial Claim or Posteligibility Case Form (Attachment B) for the reimbursement of Interim Assistance for each individual who has received or will receive Interim Assistance and whose initial claim or post-eligibility reimbursement is to be sent to the Agency providing the assistance. A copy of each authorization shall be provided to the Secretary through the local Social Security Administration Office and DWSS either by mail, facsimile or any other agreed upon method.
2. Deduct from the initial claim received from the Secretary, with respect to the individual, an amount sufficient as reimbursement for Interim Assistance furnished on behalf of such individual from the first month in which individual was found eligible and ending with the month SSI benefits began.
3. Deduct from the post eligibility payment received from the Secretary, with respect to the individual, an amount sufficient as reimbursement for Interim Assistance furnished on behalf of the individual, from the day of the month such individual's SSI benefits were reinstated after a period of suspension or termination, and ending with and including the month such individuals SSI benefits were resumed.
4. Provide to the individual written notice explaining the amount of initial payment or post-eligibility payment received from the Secretary for Interim Assistance and the excess amount, if any, due the individual using the Notice of Action Form (Attachment C); and pay the excess amount, if any, due the individual within ten (10) working days from the date the Agency receives the initial payment or post-eligibility payment and FORM SSA-8125 (Attachment D). If an individual dies

ATTACHMENT A

after executing an authorization but before receiving the written notice and payment of the excess amount required by the preceding sentence, the Agency shall within the prescribed time limit provide such explanation and pay such balance to the Secretary through the Social Security Administration rather than to anyone else on behalf of the individual. In the event that agency warrant becomes stale-dated, the Agency is required to return such payments to the Secretary through the local Social Security Administration office.

5. Provide to the individual notice of and the opportunity for a hearing with respect to any action taken by the Agency pursuant to the implementation of this agreement by which the individual believes he or she has been aggrieved.
6. Comply with such other rules as the Secretary finds necessary to achieve efficient and effective administration of Interim Assistance reimbursement procedures and to carry out the purposes of the SSI program.
7. Receive, on behalf of the Secretary, authorization as intent by the individual to claim SSI benefits (a protective filing). The Agency will forward the authorizations to the Secretary, through the Social Security Administration, within ten (10) working days of obtaining the authorizations and shall retain copies thereof in accordance with the provisions of Article VIII of the Social Security Act.
8. The Agency shall complete Part II of Form SSA-8125 for each initial payment and post-eligibility payments received from the Secretary and submit a completed report within thirty (30) workdays from the date the Agency received such payment, to the Secretary, through the SSA, with a copy to the DWSS.
9. The reports shall detail to the Secretary and DWSS, individually:
 - a) The total amount of the initial payment or post-eligibility payment received by the Agency for the individual,
 - b) The amount retained by the Agency as reimbursement,
 - c) The amount, if any, due the individual, and
 - d) The date amount was due to the individual.
10. The collective total of all reports submitted monthly, received by the Secretary for each federal fiscal year, shall constitute the Agency's report for each federal fiscal year.
11. Perform such other functions as may be required by the terms of this agreement.

ATTACHMENT B
(5/12)

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE
INITIAL CLAIM OR POSTELIGIBILITY CASE

Name _____ Social Security Number _____

Address _____
City/Town/Zip Code _____

The term "state" means Douglas County Social Services.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the State from the retroactive SSI benefits due you. The reimbursement covers the time from the first month you are eligible to receive SSI benefits through the first month your monthly SSI benefit begins.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?

Posteligibility Case Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if your SSI benefits can be reinstated after being terminated or suspended. If your SSI benefits resume, SSA pays the state from the retroactive SSI benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI benefit resumes.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

ATTACHMENT B
(5/12)**How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?**

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

What kind of state payment qualifies for reimbursement by SSA?

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal funds.

How does SSA determine how much of my SSI money to pay the state?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

How long is this authorization effective for the state and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI benefits before the state has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

ATTACHMENT B

(5/12)

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

How long is this authorization effective for the state and me if I check the "Posteligibility Case Only" block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later.

You and a state representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires.

The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

ATTACHMENT B
(5/12)

Can SSA use this authorization form to protect my filing date for SSI benefits?

SSA can use this form to protect your filing date if you checked the "Initial Claims Only" block. When you sign this form, you are saying that you have the intention of filing for SSI benefits if you have not already applied for benefits.

You have sixty (60) days from the date the state receives this form to file for SSI benefits. Your eligibility to receive SSI benefits can be as early as the date you sign this authorization if you file within the 60-day time period. If you file for SSI benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

How do I appeal a state's decision if I do not agree with the decision?

You can disagree with a decision the state made during the reimbursement process. You will receive a state notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any state decision.

Within 10 working days after the state receives the reimbursement money from SSA, the state must send you a notice. The notice will tell you three things: (1) the amount of the payments the state paid you; (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI money (if any) due you, and (3) about your right to a hearing with the state, including how to request the hearing.

Signature of Individual Receiving Interim Assistance Date _____

Signature of State Representative Date _____ GR Code _____

ATTACHMENT C
(9/12)

**NOTICE OF ACTION AND
RIGHT TO REQUEST A HEARING**

[]	CASE NAME: _____	
		CASE NUMBER: _____	
		CASE WORKER: _____	
L]	DATE: _____	

This office was notified of your initial SSI/SSP payment for the period _____ through _____. As per your agreement, we billed the Social Security Administration (SSA) in the amount of \$ _____ to repay the amount of assistance you received from the County for the same period while SSA completed your application or reinstatement for Supplemental Security Income payments. SSA will notify you of the balance, if any, owed you for this period. The balance will be forwarded to you or your representative payee by SSA.

SSI/SSP PAYMENT

If you disagree with the amount of SSI/SSP payment, contact your local Social Security Office. The amount of the total SSI/SSP payment is subject to the SSA appeal process. A request for reconsideration must be filed within 60 days after the date the notice of the initial determination is received.

COUNTY ASSISTANCE REIMBURSEMENT

If you disagree with the amount of County Assistance reimbursed from your initial SSI/SSP payment and billed to the SSA, please contact the County Social Services Office shown below.

You may request a hearing by signing and returning this form. You can represent yourself at the hearing or be represented by a friend, attorney or other person. If you cannot afford legal counsel, the legal services program in your county, listed below, may be able to help you.

LEGAL AID: CLARK COUNTY: Clark County Legal Services - 702-386-1070; WASHOE COUNTY: Washoe County Legal Services - 775-331-5960; RURAL COUNTIES: Nevada Indian-Rural Legal Services - Carson City - 775-883-0404, TOLL FREE - 1-800-323-8666

I would like a hearing _____
Client or Representative Payee Signature Date

Social Security Administration

Form Approved
 OMB No. 0960-0546

SUPPLEMENTAL SECURITY INCOME NOTICE OF INTERIM ASSISTANCE REIMBURSEMENT

PART I: STATE AGENCY IDENTIFYING INFORMATION

TO: (Name and address of State Agency)

Date:

GR CODE:

PART II: CLAIMANT INFORMATION

NAME AND ADDRESS: (Includes Representative Payee's Name and Address if applicable)

CLAIM

SOCIAL SECURITY NUMBER

DATE OF SSI ELIGIBILITY	AMOUNT OF SSI RETROACTIVE PAYMENT	AMOUNT AND MONTH OF RECURRING SSI PAYMENT
-------------------------	-----------------------------------	---

PART III: PAYMENT SUMMARY

PART IV: STATE'S ACCOUNTABILITY REPORT

(See Reverse Before Completing)

	AMOUNT	DATE RECEIVED	DATE SENT
1. Amount of reimbursement check the State received from SSA			
2. Amount of interim assistance paid to the individual			
3. Amount of the reimbursement check retained by the State			
4. Amount of the reimbursement check forwarded to the individual			
5. Amount of reimbursement check returned to SSA			

DATE NOTICE RECEIVED

FIRST MONTH FOR WHICH STATE PAID IA THIS PERIOD

NOTE: Total of items 3, 4, and 5 should equal the amount shown in item 1.

I certify that the above is a true statement of receipts and disbursements under our agreement with the Commissioner of Social Security for the purpose of furnishing interim assistance to individual as established by P.L. 93-368, as amended.

SIGNATURE

TITLE AND AGENCY

DATE

ACTION REQUIRED BY THE STATE

Complete the State's Accountability Report using the information in the "PAYMENT SUMMARY" and return to the Social Security Administration within 30 days of receipt of the Interim Assistance Reimbursement check.

THINGS TO REMEMBER WHEN DETERMINING YOUR AMOUNT OF REIMBURSEMENT

- Federally Reimbursable Interim Assistance (IA) is assistance from State or local funds to an individual for meeting basic needs during the period beginning with the first month for which such individual received an SSI dollar amount payment; or, beginning with the first day for which the individual's benefits were suspended or terminated, if the individual was subsequently found to have been eligible for such payments, and paid an SSI dollar amount ending with (and including) the month payment is made.
- You may recoup the assistance you paid for any month in a period as defined above for which both SSI and IA payments were made. You may not recoup for any months prior to the month in which you began paying IA in this period. If a month is not listed in the "Payment Summary" you cannot recoup the assistance you paid for that month. However, if you have prepared and cannot stop delivery of the last assistance payment that you made to an individual when you receive that individual's SSI payment from SSA, you may recoup that assistance payment even though it is not listed in the "Payment Summary."
- In cases where SSI payments were prorated, you must prorate the amount you recover for that month. You may only recoup the prorated amount of the full IA payable for that month. A month's payment was prorated if the day is other than the first of the month.
- Assistance payments financed in whole or part from Federal funds (e.g., TANF) do not come within the meaning of interim assistance.
- Excess IAR payments are to be made to the individual within 10 working days of receipt of the reimbursement check.

Privacy Act Statement

Collection and Use of Personal Information

Section 1631(g) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine the amount of interim assistance to reimburse the state.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on the amount of reimbursement.

We rarely use the information you supply for any purpose other than for determining reimbursements. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

COPY

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: June 11, 2013
TIHRAN Clerk of the 9th Judicial District Court
of the State of Nevada in and for the County of Douglas.

By [Signature] Deputy