

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(name of adult who needs a guardian)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CERTIFICATE OF MAILING FOR THE  
PETITION FOR APPOINTMENT OF GUARDIANS**

**I HEREBY CERTIFY** that I served the ( *check all that apply*):

- Petition for Appointment of Guardian
- Citation to Appear and Show Cause
- Other: \_\_\_\_\_

on (month) \_\_\_\_\_ (day) \_\_\_\_\_, 20\_\_\_\_, by depositing a copy of the same in  
the U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested,  
addressed to:

**Adult Proposed Protected Person:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Relatives / Required Notices:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
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Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

If the adult is in a hospital or in a public or private care facility, mail to the care provider:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

If the adult receives or has received **Medicaid**, check the following box and mail to:

- Director of the Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, Nevada 89706-2009

If the adult receives **Veteran's** benefits or payments, check the following box and mail to:

- Department of Veteran's Affairs  
6900 N. Pecos Road  
N. Las Vegas, Nevada 89086

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

**ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE  
POST OFFICE) TO THIS FORM WHEN RECEIVED**