

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: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
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**