

COURT CODE: _____
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 alleged to need 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:

Relatives / Required Notices:

Name: _____
Address: _____

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
5460 Reno Corporate Drive
Reno, Nevada 89511

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED (*month*) _____ (*day*) _____, 20____.

(Signature)

(Printed Name)

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