

COURT CODE: 1356

Your Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Represented

**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF WASHOE**

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: \_\_\_\_\_

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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  
1470 College Parkway  
Carson City, Nevada 89706

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.

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

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

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

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