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
    ☐  Order Appointing Temporary Guardian(s)
    ☐  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: _____        Name: _____
Address: _____        Address: _____
        _____                _____

Name: _____        Name: _____
Address: _____        Address: _____
        _____                _____

Name: _____        Name: _____
Address: _____        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
       Div. of Welfare & Supportive Services
       Attn: Chief, Eligibility & Payments
       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