COURT CODE: 1360
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

 \Box Person and Estate

of:

CASE NO.: ______
DEPT:

(name of adult alleged to need a guardian) A Proposed Protected Person.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am over the age of 18 and I served the (\boxtimes *check all that apply*)

Objection to Petition for Guardianship of an AdultOther:

in the following manner:

BY MAIL

I certify that I deposited copies the foregoing documents in the U.S. mail in (city)

_____, Nevada, addressed to the persons listed below on (*date*) ______

by $(\boxtimes check one) \square$ Regular, \square Certified or \square Registered, return receipt requested:

Name:	 _
Address:	

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Name:Address:	Address:
Name: Address:	Address:
Name:Address:	Name: Address:

ELECTRONIC

I served the following persons pursuant to the court's electronic service rules on (*date*) _____:

Name:	Name:
Email Address:	Email Address:
Name: Email Address:	Name: Email Address:
Name: Email Address:	Name: Email Address:
Name: Email Address:	— Name: Email Address:

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___.

(Your Signature)

(Printed Name)