

FILING CODE: _____

Your Name: _____

Address: _____

Telephone: _____

Email Address: _____

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of person who needs a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

PROOF OF ALTERNATIVE SERVICE

I certify that the following person(s) was/were served with the **Petition** and the **Citation** by all of the following alternative methods authorized by the Court.

Name of Person Served: _____

Date Served: _____

Alternative Methods of Service Completed: _____

Name of Person Served: _____

Date Served: _____

Alternative Methods of Service Completed: _____

Name of Person Served: _____

Date Served: _____

Alternative Methods of Service Completed: _____

Name of Person Served: _____

Date Served: _____

Alternative Methods of Service Completed: _____

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

DATED _____, 20____.

Submitted By: *(your signature)* _____

(print your name) _____

Attach documentation proving how each person was served.