Your Name:	G CODE:	
Address:	lame:	
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. PROOF OF ALTERNATIVE SERVICE I certify that the following person(s) was/were served with the Petition and the Citat by all of the following alternative methods authorized by the Court. Name of Person Served: Date Served:	s:	
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Date Served:	Name of Decree Course I.	
Alternative Methods of Service Completed:	Date Served:	
• —	Alternative Methods of Service Complete	d:
Name of Person Served:	Name of Person Served:	
Date Served:		
Alternative Methods of Service Completed:	Alternative Methods of Service Complete	a:

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 i
true and correct.
DATED, 20
Submitted By: (your signature)
(print your name)

Attach documentation proving how each person was served.