

1 Code: 1010

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10 In the Estate of

11 \_\_\_\_\_  
An Adult Ward.

Case No. \_\_\_\_\_

12

Dept. No. \_\_\_\_\_

13

14

15

**ACCOUNT OF GUARDIAN**

16

Annual

Final

Interim

17

I, \_\_\_\_\_, represent that I am the guardian of  
(name)

18

the estate and submit the following as my account, which covers the period from \_\_\_\_\_  
(date)

19

to \_\_\_\_\_  
(date)

20

21

**RECEIPTS**

22

Date	Payor	Purpose	Amount
			_____
			_____
			_____
			_____
			_____

23

24

25

26

27

28







1 I declare that this account and petition has been examined by me and that its contents  
2 are true to the best of my information, knowledge and belief.

3 Date \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4  
5 Attorney signature \_\_\_\_\_ Petitioner signature \_\_\_\_\_

6 Attorney name (type or print) \_\_\_\_\_ Petitioner name (type or print) \_\_\_\_\_

7  
8 Address \_\_\_\_\_ Address \_\_\_\_\_

9  
10 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

11  
12 Under penalties of perjury, the undersigned declares that he is the guardian named in  
13 the foregoing Account of Guardian and knows the contents thereof; that the document is  
14 true of his own knowledge except as those matters stated upon information and belief, and  
15 that as to such matters, he believes it to be true.

16 \_\_\_\_\_  
17 Guardian

18 SUBSCRIBED and SWORN to before me

19 this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_.

20  
21 \_\_\_\_\_  
22 NOTARY PUBLIC

23  
24  
25  
26  
27 **NOTICE: A hearing is required for approval of this accounting. See NRS 159.115**

1 SECOND JUDICIAL DISTRICT COURT  
2 COUNTY OF WASHOE, STATE OF NEVADA

3 AFFIRMATION  
4 Pursuant to NRS 239B.030

5 The undersigned does hereby affirm that the preceding document, \_\_\_\_\_  
6 \_\_\_\_\_

7 (Title of Document)

8 filed in case number: \_\_\_\_\_

9  Document does not contain the social security number of any person

10 - OR -

11  Document contains the social security number of a person as required by:

12  A specific state or federal law, to wit:

13 \_\_\_\_\_  
14 (State specific state or federal law)

15 - or -

16  For the administration of a public program

17 - or -

18  For an application for a federal or state grant

19 - or -

20  Confidential Family Court Information Sheet  
21 (NRS 123.130, NRS 125.230, and NRS 125B.055)

22 Date: \_\_\_\_\_

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

24 \_\_\_\_\_  
(Print Name)

25 \_\_\_\_\_  
(Attorney for)

26

1 Code: 3860

2 Name: \_\_\_\_\_

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

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

5 Self-Represented Litigant

6 IN THE FAMILY DIVISION  
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
8 IN AND FOR THE COUNTY OF WASHOE

9  
10  
11 In the Matter of the Guardianship of the Person,  
the Estate, or the Person and the Estate of:

12 \_\_\_\_\_ Case No. \_\_\_\_\_

13 \_\_\_\_\_ Dept. No. \_\_\_\_\_

14 \_\_\_\_\_,  
15 A Minor Child / Minor Children / An Adult.  
16 \_\_\_\_\_/

17 REQUEST FOR SUBMISSION

18 It is requested that the \_\_\_\_\_  
19 (Name of document or documents)

20 filed in this matter be submitted to the Court for consideration.

21 This document does not contain the Social Security number of any person.

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

24  
25 Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

26 Print Your Name: \_\_\_\_\_

1 Code: 3720

2 Name: \_\_\_\_\_

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

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

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION  
7 THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
8 IN AND FOR THE COUNTY OF WASHOE  
9

10 In the Matter of:

11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_

Case No. \_\_\_\_\_  
Dept. No. \_\_\_\_\_

Adult Ward(s)

14 **PROOF OF SERVICE**

15 On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a true and correct

16 copy of the following document(s): \_\_\_\_\_  
17 (Write the title(s) of each document served.)

18  
19 upon \_\_\_\_\_  
20 (Write the name of the person served.)

21 in the manner(s) and at the location(s) described below:

22 **WRITE YOUR INITIALS ON THE APPROPRIATE LINE(S):**

23 a. \_\_\_\_\_ I placed a copy of the document(s) listed above in a sealed envelope upon  
24 which first class postage was fully prepaid and mailed said document(s) via the United States  
25 Post Office addressed as follows:

26 Name: \_\_\_\_\_

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

28 \_\_\_\_\_

1 b. \_\_\_\_\_ I placed a copy of the document(s) listed above in a sealed envelope and  
2 mailed said document(s) certified, return receipt requested via the United States Post Office

3 addressed as follows: Name: \_\_\_\_\_  
4

5 Address: \_\_\_\_\_  
6 \_\_\_\_\_

7 c. \_\_\_\_\_ I personally served \_\_\_\_\_ at the following  
8 location: \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 A copy of this Proof of Service has been mailed or personally delivered to all parties or  
12 their counsel.

13 This document does **not** contain the Social Security Number of any person.

14 I declare, under penalty of perjury under the law of the State of Nevada, that the  
15 foregoing is true and correct.  
16

17 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

18 Signature: \_\_\_\_\_  
19

20 Printed Name: \_\_\_\_\_  
21  
22  
23  
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