

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: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
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