

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
- Person and Estate

of:

\_\_\_\_\_  
*(name of person who has a guardian)*  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

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

- Petition for *(title of petition)* \_\_\_\_\_
- Notice of Hearing
- Citation to Appear and Show Cause
- Other: \_\_\_\_\_

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 ( *check one*)  Regular,  Certified or  Registered, return receipt requested:

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

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

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

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ELECTRONIC**

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

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
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)