

COURT CODE: 1520

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

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

City, State, Zip: \_\_\_\_\_

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

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

Self-Represented

**IN THE FAMILY DIVISION  
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
AND FOR THE COUNTY OF WASHOE**

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: \_\_\_\_\_

**DECLARATION TO WAIVE SERVICE OR ALTERNATIVELY, FOR  
SERVICE BY PUBLICATION (GUARDIANSHIP)**

I respectfully state the following:

1. I am the Petitioner in this case. A verified Petition was filed and a Citation directed to the relatives of the above-named proposed protected person.
  
2. I have not been able to locate certain relatives who are entitled to notice. The relatives who cannot be located and to the best of my knowledge their last known addresses are: ***(list the names of all the relatives you cannot find, their relationship to the person in need of a guardian, plus their last known addresses and the date they last lived there):***

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Last Known Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date the person was last known to live at this address

\_\_\_\_\_  
Date you mailed a copy of the Petition & Citation to this address

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Last Known Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date the person was last known to live at this address

\_\_\_\_\_  
Date you mailed a copy of the Petition & Citation to this address

|  |                       |
|--|-----------------------|
| _____<br>Name  | _____<br>Relationship |
| _____<br>Last Known Address  |                       |
| _____<br>City, State, Zip Code   |                       |
| _____<br>Date the person was last known to live at this address            |                       |
| _____<br>Date you mailed a copy of the Petition & Citation to this address |                       |

|  |                       |
|--|-----------------------|
| _____<br>Name  | _____<br>Relationship |
| _____<br>Last Known Address  |                       |
| _____<br>City, State, Zip Code   |                       |
| _____<br>Date the person was last known to live at this address            |                       |
| _____<br>Date you mailed a copy of the Petition & Citation to this address |                       |

|  |                       |
|--|-----------------------|
| _____<br>Name  | _____<br>Relationship |
| _____<br>Last Known Address  |                       |
| _____<br>City, State, Zip Code   |                       |
| _____<br>Date the person was last known to live at this address            |                       |
| _____<br>Date you mailed a copy of the Petition & Citation to this address |                       |

|  |                       |
|--|-----------------------|
| _____<br>Name  | _____<br>Relationship |
| _____<br>Last Known Address  |                       |
| _____<br>City, State, Zip Code   |                       |
| _____<br>Date the person was last known to live at this address            |                       |
| _____<br>Date you mailed a copy of the Petition & Citation to this address |                       |

***(An Affidavit of Due Diligence detailing the attempts to locate each person must also be submitted for each person listed above).***

3. The persons listed above are necessary parties to this action and are unable to be served by certified mail or personal service because their whereabouts are unknown.
  
4. If the whereabouts of any of the above-listed parties are discovered, I will properly notify them of the guardianship proceedings.
  
5. The addresses listed above are the last residence of the interested parties known to me. The interested parties no longer reside there, and I do not know where the interested parties reside or where the interested parties may be.
  
6. After due diligence, the interested parties cannot be found within the State of Nevada, or if they were last known to reside outside of the State of Nevada, I do not now know where they presently reside, where they may be found, and that I have no knowledge, have never been informed, and have no reason to believe that they currently reside in the State of Nevada.

7. The Petition and Citation were served to: ( *check all that apply*)
- The proposed protected person by personal service;
  - The care provider or guardian (if applicable) by certified mail, return receipt requested;
  - At least one relative by certified mail, return receipt requested (*name of the relatives you DID serve*) \_\_\_\_\_

**If applicable, Petitioner respectfully requests that service on the remaining individuals entitled to notice be waived pursuant to NRS 159.0475(4) and NRS 159A.0475(4).**

8. Alternately, Petitioner requests the Court to sign an Order directing that the persons named above be served by publication.
9. 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 \_\_\_\_\_, 20\_\_\_\_.

Submitted By: (*your signature*) \_\_\_\_\_

(*print your name*) \_\_\_\_\_