



Protecting Your Wishes

A no-cost service provided by the office of Nevada Secretary of State Barbara K. Cegavske



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Request to Nominate Guardian Form

Registrant Information PLEASE TYPE OR PRINT CLEARLY USING INK

Legal First Name, Legal Middle Name, Legal Last Name, Suffix, Last 4 of SSN, Date of Birth, Gender, Address, City, State, Zip, Phone, Email, Registrant ID#

Primary Nominee for Guardian of Person

Name, Relationship, Address (No P.O. Boxes, Street Address, City, State, Zip Code), Telephone, Email (optional)

Primary Nominee for Guardian of Person and Primary Nominee for Guardian of Estate are the same.

Primary Nominee for Guardian of Estate

Name, Relationship, Address (No P.O. Boxes, Street Address, City, State, Zip Code), Telephone, Email (optional)

Alternate Nominee for Guardian of Person (Optional)

Name, Relationship, Address (No P.O. Boxes, Street Address, City, State, Zip Code), Telephone, Email (optional)

Alternate Nominee for Guardian of Person and Alternate Nominee for Guardian of Estate are the same.

Alternate Nominee for Guardian of Estate (Optional)

Name, Relationship, Address (No P.O. Boxes, Street Address, City, State, Zip Code), Telephone, Email (optional)

Request to Nominate Guardian Form (page 2)

The following declaration must be signed by the principal in the presence of two witnesses and a Notary Public:

I, \_\_\_\_\_ (principal), residing at the address indicated on this nomination, am executing this notarized document as my written declaration and request for the person(s) designated to be appointed as my guardian should it become necessary. I am advising the court and all persons and entities as follows:

- 1. As of the date I am executing this request to nominate a guardian, I have the mental capacity to understand and execute this request.
2. I do not, under any circumstances, desire to have any private, for-profit guardian serve as my appointed guardian.

I sign my name to this document on \_\_\_\_\_ (date) \_\_\_\_\_ (Signature)

(TWO QUALIFIED AND IMPARTIAL ADULT WITNESSES MUST DATE AND SIGN THIS DOCUMENT)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed this request to nominate a guardian in my presence, that the principal appears to be of sound mind, has the mental capacity to understand and execute this document and is under no duress, fraud or undue influence, and that I have no interest, financial or otherwise, in the estate of the principal.

Signature of first witness

Signature of second witness

Print name

Print name

Date

Date

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada

County of \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, \_\_\_\_\_ (name of notary public), personally appeared \_\_\_\_\_ (principal), \_\_\_\_\_ (first witness) and \_\_\_\_\_ (second witness), personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they have signed this instrument.

(Signature of notarial officer)
(Seal)

Limitations on Liability

Pursuant to NRS 225.400, the contents of the registry established by NRS 225.300-.440 are not verified for accuracy or legal validity. Pursuant to NRS 225.430, the Secretary of State and employees shall not be liable for any action or omission made in good faith in the administration of the Lockbox.

Submit the original wet signature Request to Nominate Guardian Form by mail or delivery (no email or fax accepted) to:
MAIL: Nevada Lockbox, Nevada Secretary of State, 2250 Las Vegas Blvd. North, Suite 400, North Las Vegas, NV 89030
OR
HAND DELIVER: Office of Nevada Secretary of State at 2250 Las Vegas Blvd. North - North Las Vegas, NV 89030 or 101 N. Carson Street, Suite 3 - Carson City, NV 89701