



Protecting Your Wishes

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ABOVE SPACE IS FOR OFFICE USE ONLY

Request to Nominate Guardian Form

Pursuant to NRS 159.0753, Nevada residents must use this form to register their guardianship nomination with Nevada Lockbox. No fee is assessed. Type or print clearly. Allow up to 14 business days for registration processing.

SECTION 1: Registrant Information

Legal First Name, Legal Middle Name, Legal Last Name, Suffix, Date of Birth, Last 4 of SSN, Gender (optional), Residence Address, City, State, Zip, Mailing Address, Telephone, Email Address, Registrant ID#

SECTION 2: Nominee Information

Primary Nominee for Guardian of Person, Relationship, Address, City, State, Zip, 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, Relationship, Address, City, State, Zip, Telephone, Email (optional)



Alternate Nominee for Guardian of Person (optional), Relationship, Address, City, State, Zip, 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), Relationship, Address, City, State, Zip, Telephone, Email (optional)



SECTION 3: 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.

SECTION 4: Declaration

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) **X** _____ (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.

X

Signature of first witness

X

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, _____ (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.

X

Signature of notarial officer

{ Notary Seal }

File this form

Submit the **original wet signature** Request to Nominate Guardian Form via:

1. Mail to North Las Vegas office; or
2. Deliver to North Las Vegas or Carson City offices
 - 101 N. Carson Street, Suite 3 Carson City, NV 89701

● IMPORTANT: Copies by mail, fax, or email are not accepted. ●

If you do not receive a confirmation letter with a wallet card by mail, call or email the program office for assistance.

Due to size, the wallet card printed for the Guardianship Nomination Registry will only display the primary nominee contact information.

Nevada Lockbox
 c/o Nevada Secretary of State
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 North Las Vegas, NV 89030
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 Email: Lockbox@sos.nv.gov