PAG

(Your Name) _____

(Address)_____

_____

(Telephone) _____

(Email Address)_____

In Proper Person

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Guardianship of: ☐ The person ☐ The estate ☐ The person and estate _____ A Minor	CASE NO.: G_____ DEPT NO.: _____

PETITION FOR APPOINTMENT OF GUARDIANSHIP OVER MINOR WARDS

COMES NOW, Petitioner *(proposed guardian's name)* _____ and Co-Petitioner *(proposed co-guardian's name. If only one guardian write "N/A",)* _____ _____, in accordance with Chapter 159 of the Nevada Revised Statutes, whose petition respectfully represents the following to this Honorable Court:

I. Information Regarding the Petitioner

1. That Petitioner(s) would like to be appointed the general guardian over *(proposed ward's full legal name)* _____.
2. That Petitioner's full legal name is _____

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3. That Petitioner currently lives at *(street/city/state/zip)* _____

_____

4. That Petitioner's mailing address is _____

_____

5. That Petitioner's date of birth is _____

6. That Petitioner *(☑ check one)* ☐ has/ ☐ has not been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person.

7. That Petitioner *(☑ check one)* ☐ has/ ☐ has not been convicted of a felony. If the Petitioner has been convicted of a felony a copy of the verdict is attached.

8. That Petitioner *(☑ check one)* ☐ has/☐ has not been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

9. That Petitioner *(☑ check one)* ☐ has/ ☐ has not been appointed as guardian over the proposed ward in a state other than Nevada. If Petitioner has been appointed Guardian over the proposed ward in another state, Petitioner will file an exemplified copy of the guardianship order with this Court.

II. Information Regarding the Co-Petitioner, if one.

(If you are not requesting the appointment of a co-guardian write "N/A" for questions 10-17)

10. That Co-Petitioner's full legal name is _____

11. That Co-Petitioner's currently lives at *(street/city/state/zip)* _____

_____

12. That Co-Petitioner's mailing address is_____

_____

13. That Co-Petitioner's date of birth is _____

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14. That Co-Petitioner *(☑ check one)* ☐ has/ ☐ has not been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person.

15. That Co-Petitioner *(☑ check one)* ☐ has/ ☐ has not has been convicted of a felony. If Co-Petitioner has been convicted of a felony a copy of the verdict is attached.

16. That Co-Petitioner *(☑ check one)* ☐ has/☐ has not been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

17. That Co-Petitioner *(☑ check one)* ☐ has/ ☐ has not been appointed as guardian over the proposed ward in a state other than Nevada. If Petitioner has been appointed Guardian over the proposed ward in another state, Petitioner will file an exemplified copy of the guardianship order with this Court.

18. ***(☑ check all that apply)***

- ☐ That Petitioners are not private professional guardians and are not currently receiving compensation for services as a guardian to more than one ward who are not related to Petitioners by blood or marriage.
- ☐ That the Petitioner is a private professional guardian and the Petitioner will file documents proving that Petitioner meets the requirements of a "private professional guardian" with this Petition.
- ☐ That the Co-Petitioner is a private professional guardian and will file documents proving that the Co-Petitioner meets the requirements of a "private professional guardian" with this Petition.

19. That Petitioner is the *(relationship to ward)* _____ of the proposed ward and Co-Petitioner is the *(relationship to ward)* _____ of the proposed ward. Petitioners are competent and capable of acting as guardians of the *(☑ check one)* ☐ person/ ☐ estate/ ☐ person and estate of the ward, and hereby consent to act in this capacity.

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20. If the Petitioner(s) is/are requesting a guardianship over the proposed ward's estate, a copy of Worksheet A: Information Regarding the Proposed Ward's Estate is attached hereto.

III. Information Regarding the First Proposed Ward

21. That the proposed ward, *(proposed ward's name)*_____, is _____ years old and was born on *(date of birth)* _____. The proposed ward will become 18 years of age on *(date)* _____.

22. That the proposed ward currently lives at *(street/city/state/zip)* _____ _____ and has lived at this address for *(number)* ___ *(☑ check one)* ☐ days/ ☐ months/ ☐ years.

23. The name and address of any person or care provider currently having the care and control of the proposed ward is *(name/address of care provider. If there is not a care provider write "N/A").* _____ _____The current care provider has had care of this proposed ward because _____ _____.

24. That the proposed ward is a resident of the State of _____ .

25. The proposed ward's parent or legal guardian ☐ has/ ☐ has not executed a written nomination of guardian. The agent is _____.

26. ***(☑ check one)***

☐ There is not a current order concerning custody of the proposed ward.

☐ There is a current order concerning custody of the proposed ward. The order is from the State of _____ and was filed on *(date)* _____ . If the order was not registered with this Court, a copy of the order will be filed with this Petition.

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IV. Information Regarding the First Proposed Ward's Mother

27. That the proposed ward's mother's full legal name is: _____

28. That the proposed ward's mother currently lives at *(street/city/state/zip)* _____
_____

29. That the proposed ward's mother's mailing address is _____
_____

30. That the proposed ward's mother is unable to care for him/her because _____
_____
_____
_____

V. Information Regarding the First Proposed Ward's Father

31. ***(☑ check one)***

☐ The father of the proposed ward is truly unknown, there is no father listed on the proposed ward's birth certificate, there has never been a court order regarding child support, custody, or a finding of paternity.

☐ The father of the proposed ward is deceased. A copy of the father's death certificate is attached to this Petition.

☐ The father's parental rights over the proposed ward have been terminated by a court order.

☐ The mother of the proposed ward has a court order concerning custody that awards her sole legal custody and sole/primary physical custody with no visitation for the father. The order is from the State of _____ and was filed on *(date)* _____. A copy of the order is attached to this Petition.

☐ The father of the proposed ward is known. The father's full legal name is _____ _____. The father currently or was last known to live at *(street/city/state/zip)* _____.
_____.
The proposed ward's father is unable to care for him/her because *(explain)* _____
_____
_____
_____
_____.

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32. Petitioner(s) *(☑ check one)* ☐ do / ☐ do not believe that the proposed ward will need a guardianship when he/she becomes 18 years of age.

33. ***(☑ check one)***

☐ The guardianship <u>is NOT requested</u> because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes.

☐ The guardianship <u>is requested</u> because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes. The name of the case worker is _____ _____. The juvenile case file number is _____. The investigating agency *(☑ check one)* ☐ does/☐ does not approve of this guardianship and the placement of the proposed ward with the proposed guardian(s).

34. That a general guardianship is needed for the proposed ward because *(explain)*: _____

_____

_____

_____

_____

_____

35. The following documentation is attached to this Petition showing the need for a guardianship over the proposed ward: *(☑ check all that apply)*

☐ A certificate signed by a physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;

☐ A letter signed by any governmental agency in this State which conducts investigations; or

☐ A certificate signed by any other person whom the court finds qualified to execute a certificate.

☐ Other: _____

36. That the proposed ward *(☑ check one)* ☐ is/ ☐ is not a party to any pending criminal or civil lawsuit and that the guardianship *(☑ check one)* ☐ is/ ☐ is not sought in order to file a lawsuit.

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37. The names and addresses of the ward's relatives are as follows: (If a relative is deceased, write his/her name and write "deceased" in the address box. If the relative's whereabouts are unknown, write his/her name and write "unknown" in the address box.)

Relative's Name	**Relationship to Ward**	**Address** *(street/ city /state /zip)*
	Mother	
	Father	
	Grandparents – Mother's side	
	Grandparents – Father's side	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	

VI. Information Regarding the Second Proposed Ward

38. That the second proposed ward, *(proposed ward's name)*_____, is _____ years old and was born on *(date of birth)* _____. The second proposed ward will become 18 years of age on *(date)* _____.

39. That the second proposed ward currently lives at *(street/city/state/zip)* _____ _____ and has lived at this address for *(number)* ___ *(☑ check one)* ☐ days/ ☐ months/ ☐ years.

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40. The name and address of any person or care provider currently having the care and control of the second proposed ward is *(name/address of care provider. If there is not a care provider write "N/A").* _____ _____The current care provider has had care of this proposed ward because _____ _____.

41. That the second proposed ward is a resident of the State of _____.

42. The second proposed ward's parent or legal guardian ☐ has/ ☐ has not executed a written nomination of guardian. The agent is _____.

43. ***(☑ check one)***

☐ There is not a current order concerning custody of the second proposed ward.

☐ There is a current order concerning custody of the second proposed ward. The order is from the State of _____ and was filed on *(date)* _____ . If the order was not registered with this Court, a copy of the order will be filed with this Petition.

VII. Information Regarding the Second Proposed Ward's Mother

44. That the second proposed ward's mother's full legal name is: _____

45. That the second proposed ward's mother currently lives at *(street/city/state/zip)* _____ _____

46. That the second proposed ward's mother's mailing address is _____ _____

47. That the second proposed ward's mother is unable to care for him/her because _____ _____ _____ _____

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VIII. Information Regarding the Second Proposed Ward's Father

48. ***(☑ check one)***

☐ The father of the second proposed ward is truly unknown, there is no father listed on the proposed ward's birth certificate, there has never been a court order regarding child support, custody, or a finding of paternity.

☐ The father of the second proposed ward is deceased. A copy of the father's death certificate is attached to this Petition.

☐ The father's parental rights over the second proposed ward have been terminated by a court order.

☐ The mother of the second proposed ward has a court order concerning custody that awards her sole legal custody and sole/primary physical custody with no visitation for the father. The order is from the State of _____ and was filed on *(date)* _____. A copy of the order is attached to this Petition.

☐ The father of the second proposed ward is known. The father's full legal name is _____ _____. The father currently or was last known to live at *(street/city/state/zip)* _____. _____. The second proposed ward's father is unable to care for him/her because *(explain)* _____ _____ _____ _____

49. Petitioner(s) *(☑ check one)* ☐ do / ☐ do not believe that the second proposed ward will need a guardianship when he/she becomes 18 years of age.

50. ***(☑ check one)***

☐ The guardianship <u>is NOT requested</u> because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes.

☐ The guardianship <u>is requested</u> because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes. The name of the case worker is _____ _____. The juvenile case file number is _____. The investigating agency *(☑ check one)* ☐ does/☐ does not approve of this guardianship and the placement of the proposed ward with the proposed guardian(s).

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51. That a general guardianship is needed for the second proposed ward because *(explain)*:

_____

_____

_____

_____

_____

52. The following documentation is attached to this Petition showing the need for a guardianship over the second proposed ward: *(☑ check all that apply)*

☐ A certificate signed by a physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;

☐ A letter signed by any governmental agency in this State which conducts investigations; or

☐ A certificate signed by any other person whom the court finds qualified to execute a certificate.

☐ Other: _____

53. That the second proposed ward *(☑ check one)* ☐ is/ ☐ is not a party to any pending criminal or civil lawsuit and that the guardianship *(☑ check one)* ☐ is/ ☐ is not sought in order to file a lawsuit.

54. The names and addresses of the second proposed ward's relatives are as follows: (If a relative is deceased, write his/her name and write "deceased" in the address box. If the relative's whereabouts are unknown, write his/her name and write "unknown" in the address box.)

Relative's Name	**Relationship to Ward**	**Address** *(street/ city /state /zip)*
	Mother	
	Father	
	Grandparents – Mother's side	

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	Grandparents – Father's side	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	

IX. Information Regarding the Third Proposed Ward

55. That the third proposed ward, *(proposed ward's name)*_____, is _____ years old and was born on *(date of birth)* _____. The proposed ward will become 18 years of age on *(date)* _____.

56. That the third proposed ward currently lives at *(street/city/state/zip)* _____ _____ and has lived at this address for *(number)* ___ *(☑ check one)* ☐ days/ ☐ months/ ☐ years.

57. The name and address of any person or care provider currently having the care and control of the third proposed ward is *(name/address of care provider. If there is not a care provider write "N/A").* _____ _____The current care provider has had care of this proposed ward because _____ _____.

58. That the third proposed ward is a resident of the State of _____

59. The third proposed ward's parent or legal guardian ☐ has/ ☐ has not executed a written nomination of guardian. The agent is _____.

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60. ***(☑ check one)***

☐ There is not a current order concerning custody of the third proposed ward.

☐ There is a current order concerning custody of the third proposed ward. The order is from the State of _____ and was filed on *(date)* _____ . If the order was not registered with this Court, a copy of the order will be filed with this Petition.

X. Information Regarding the Third Proposed Ward's Mother

61. That the third proposed ward's mother's full legal name is: _____

62. That the third proposed ward's mother currently lives at *(street/city/state/zip)* _____

_____

63. That the third proposed ward's mother's mailing address is _____

_____

64. That the third proposed ward's mother is unable to care for him/her because _____

_____

_____

_____

XI. Information Regarding the Third Proposed Ward's Father

65. ***(☑ check one)***

☐ The father of the third proposed ward is truly unknown, there is no father listed on the proposed ward's birth certificate, there has never been a court order regarding child support, custody, or a finding of paternity.

☐ The father of the third proposed ward is deceased. A copy of the father's death certificate is attached to this Petition.

☐ The father's parental rights over the third proposed ward have been terminated by a court order.

☐ The mother of the third proposed ward has a court order concerning custody that awards her sole legal custody and sole/primary physical custody with no visitation for the father. The order is from the State of _____ and was filed on *(date)* _____. A copy of the order is attached to this Petition.

☐ The father of the third proposed ward is known. The father's full legal name is _____. The father currently or was last known to live at

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(street/city/state/zip) _____.
_____.
The proposed ward's father is unable to care for him/her because *(explain)* _____
_____
_____
_____
_____.

66. Petitioner(s) *(☑ check one)* ☐ do / ☐ do not believe that the third proposed ward will need a guardianship when he/she becomes 18 years of age.

67. ***(☑ check one)***

☐ The guardianship is NOT requested because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes.

☐ The guardianship is requested because of an investigation conducted by Child Protective Services (CPS) or other similar agency pursuant to Chapter 432B of the Nevada Revised Statutes. The name of the case worker is _____ _____. The juvenile case file number is _____. The investigating agency *(☑ check one)* ☐ does/☐ does not approve of this guardianship and the placement of the proposed ward with the proposed guardian(s).

68. That a general guardianship is needed for the third proposed ward because *(explain)*: ____
_____
_____
_____
_____
_____

69. The following documentation is attached to this Petition showing the need for a guardianship over the third proposed ward: *(☑ check all that apply)*

☐ A certificate signed by a physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;

☐ A letter signed by any governmental agency in this State which conducts investigations; or

☐ A certificate signed by any other person whom the court finds qualified to execute a certificate.

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☐ Other: _____

70. That the proposed ward *(☑ check one)* ☐ is/ ☐ is not a party to any pending criminal or civil lawsuit and that the guardianship *(☑ check one)* ☐ is/ ☐ is not sought in order to file a lawsuit.

71. The names and addresses of the third proposed ward's relatives are as follows: (If a relative is deceased, write his/her name and write "deceased" in the address box. If the relative's whereabouts are unknown, write his/her name and write "unknown" in the address box.)

Relative's Name	**Relationship to Ward**	**Address** *(street/ city /state /zip)*
	Mother	
	Father	
	Grandparents – Mother's side	
	Grandparents – Father's side	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	
	Brother/Sister *(over the age of 14 years old)*	

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72. That a copy of the following form(s) of identification will be filed in a separate document: *(☑Check all that apply for the Petitioner, Co-petitioner (if one), and the Proposed Ward. You must provide at least one form of identification for each person.)*

a. For the Petitioner: □ Social Security Number / □ Taxpayer Identification Number / □ Valid Drivers License Number / □ Valid Identification Card Number/ □ Valid Passport Number.

b. For the Co-Petitioner: □ Social Security Number / □ Taxpayer Identification Number / □ Valid Drivers License Number / □ Valid Identification Card Number/ □ Valid Passport Number.

c. For the First Proposed Ward: □ Social Security Number / □ Taxpayer Identification Number/ □ Valid Drivers License Number/ □ Valid Identification Card Number/ □ Valid Passport Number.

d. For the Second Proposed Ward: □ Social Security Number / □ Taxpayer Identification Number/ □ Valid Drivers License Number/ □ Valid Identification Card Number/ □ Valid Passport Number.

e. For the Third Proposed Ward: □ Social Security Number / □ Taxpayer Identification Number/ □ Valid Drivers License Number/ □ Valid Identification Card Number/ □ Valid Passport Number.

WHEREFORE, Petitioner(s) pray(s) that this general guardianship be granted and for such other and further relief as the court may deem just and proper.

DATED this _____ day of _____, 20____.

▸ _____
Petitioner's Signature

DATED this _____ day of _____, 20_____.

▸ _____
Co-Petitioner's Signature *(if one)*

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VERIFICATION

STATE OF NEVADA)
) ss:
COUNTY OF _____)

I, *(your name)* _____, being first duly sworn under penalty of perjury, hereby depose and say:

That I am the Petitioner in this action; that I have read the foregoing Petition For Appointment of Guardian(s) and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

▸ _____
Petitioner's Signature

SIGNED and SWORN to before me on the
_____day of _____, 20_____.

_____
NOTARY PUBLIC

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF _____)

On this _____ day of _____, _____, before me, the undersigned Notary Public in and for the said County and State, personally appeared (your name) _____ _____ known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that *(☑ check one)* ☐he/☐she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

_____
NOTARY PUBLIC

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Complete this page only if you are requesting the ward be appointed two (2) guardians.

VERIFICATION

STATE OF NEVADA)
) ss:
COUNTY OF _____)

I, *(your name)* _____, being first duly sworn under penalty of perjury, hereby depose and say:

That I am the Co-Petitioner in this action; that I have read the foregoing Petition For Appointment of Guardian(s) and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

_____
Co-Petitioner's Signature

SIGNED and SWORN to before me on the
_____day of _____, 20____.

_____
NOTARY PUBLIC

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF _____)

On this _____ day of _____, _____, before me, the undersigned Notary Public in and for the said County and State, personally appeared (your name)_____ _____ known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that *(☑ check one)* ☐ he/ ☐ she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

_____
NOTARY PUBLIC

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Worksheet A: Information Regarding the Proposed Ward's Estate

Complete this worksheet only if you are requesting guardianship over the ward's estate.

1. The proposed ward *(☑ check all that apply):*

   ☐ Has no assets or income

   ☐ Has assets and income

   ☐ Is or will be entitled to assets or income

2. The proposed ward *(☑ check all that apply):*

   ☐ Receives money from the Department of Veterans Affairs

   ☐ Does NOT receive money form the Department of Veterans Affairs

3. The types of assets and/or income are *(if none write "N/A")*:

   a. _____ value: $_____

   b. _____ value: $_____

   c. _____ value: $_____

   d. _____ value: $_____

4. The funds will be safeguarded by *(☑ check one)*:

   ☐ Being placed into a blocked account.

   ☐ A bond which the Petitioner will obtain in an amount equal to the total amount of liquid assets described above.

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Worksheet B: Information Regarding the Second Proposed Ward's Estate

Complete this worksheet only if you are requesting guardianship over the ward's estate.

5. The proposed ward *(☑ check all that apply):*

   ☐ Has no assets or income

   ☐ Has assets and income

   ☐ Is or will be entitled to assets or income

6. The proposed ward *(☑ check all that apply):*

   ☐ Receives money from the Department of Veterans Affairs

   ☐ Does NOT receive money from the Department of Veterans Affairs

7. The types of assets and/or income are *(if none write "N/A")*:

   a. _____ value: $_____

   b. _____ value: $_____

   c. _____ value: $_____

   d. _____ value: $_____

8. The funds will be safeguarded by *(☑ check one)*:

   ☐ Being placed into a blocked account.

   ☐ A bond which the Petitioner will obtain in an amount equal to the total amount of liquid assets described above.

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Worksheet C: Information Regarding the Third Proposed Ward's Estate

Complete this worksheet only if you are requesting guardianship over the ward's estate.

9. The proposed ward *(☑ check all that apply):*

   ☐ Has no assets or income

   ☐ Has assets and income

   ☐ Is or will be entitled to assets or income

10. The proposed ward *(☑ check all that apply):*

    ☐ Receives money from the Department of Veterans Affairs

    ☐ Does NOT receive money form the Department of Veterans Affairs

11. The types of assets and/or income are *(if none write "N/A")*:

    a. _____ value: $_____

    b. _____ value: $_____

    c. _____ value: $_____

    d. _____ value: $_____

12. The funds will be safeguarded by *(☑ check one)*:

    ☐ Being placed into a blocked account.

    ☐ A bond which the Petitioner will obtain in an amount equal to the total amount of liquid assets described above.

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