AFOM

(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/ ☐An Adult	CASE NO.: G_____ DEPT NO.: _____

AFFIDAVIT OF MAILING - GUARDIANSHIP

THE UNDERSIGNED does hereby certify that I am over 18 years of age and that on *(month)* _____ *(day)* _____, *(year)* 20_____, I deposited a copies of the Citation and Petition for Appointment of Guardian, in the United States Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested, addressed to the persons listed on the attached Exhibit 1.

DATED this _____ day of _____, 20__

(Print Your Name) _____

(Sign Your Name) _____

ALL RIGHTS RESERVED

EXHIBIT 1

Pursuant to NRS 159.034 and NRS 159.047, the following is a list of person(s) entitled to notice of the above named guardianship. *(In most cases the law requires you to mail the following people a copy of the Citation and Petition for Appointment of Guardian in the manner described above.)*

Name	**Relationship to Ward**	**Mailing Address**
	Proposed Ward	
	Proposed Ward's Spouse	
	Proposed Ward's Mother	
	Proposed Ward's Father	
	Proposed Ward's Grandparents	
	Proposed Ward's Brother/Sister	
	Proposed Ward's Brother/Sister	
	Proposed Ward's Child	
	Proposed Ward's Child	
	Office of Veterans' Affairs *(If applicable)*	
	Care Providers Administrator *(If applicable)*	
	Office of the Public Guardian *(If applicable)*	
	Grandchild *(over the age of 14)*	
	Grandchild *(over the age of 14)*	

ALL RIGHTS RESERVED