



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Appointment of Registered Agent by Nonresident Guardian of Adult

(Must include a copy of the court order with the filing.)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. WARD INFORMATION: Enter the name of ward.

2. NONRESIDENT GUARDIAN: Enter name, address and mailing address if different of Nonresident Guardian.

3. REGISTERED AGENT: Designate a registered agent who resides or is located in this state. Every registered agent must have a street address in this state for service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address. Registered agent must sign certificate of acceptance within section 3.

4. SIGNATURE(S): Must be signed by Authorized Signer. Form will be returned if unsigned.

This filing must be completed and submitted with a filed copy of the court order indicating the guardian to designate a registered agent in this State to the ward in section one. This statement remains in effect for a period of 5 years after the date of filing unless canceled earlier.

1. Ward Information:	Name of ward: <input type="text"/>																								
2. Nonresident Guardian:	<table border="0"><tr><td colspan="2"><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td colspan="2">Name of Nonresident Guardian</td><td colspan="2">Country</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Mailing Address (if different from street address)</td><td>City</td><td>State</td><td>Zip/Postal Code</td></tr></table>	<input type="text"/>		<input type="text"/>		Name of Nonresident Guardian		Country		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address	City	State	Zip/Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mailing Address (if different from street address)	City	State	Zip/Postal Code
<input type="text"/>		<input type="text"/>																							
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Mailing Address (if different from street address)	City	State	Zip/Postal Code																						
3. Registered Agent:	<p>The above named Nonresident Guardian of Adult appoints the following agent for service of process in Nevada:</p> <p><input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below)</p> <p><input type="text"/></p> <p>Name of Registered Agent</p> <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>Nevada</td><td><input type="text"/></td></tr><tr><td>Street Address</td><td>City</td><td></td><td>Zip Code</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>Nevada</td><td><input type="text"/></td></tr><tr><td>Mailing Address (if different from street address)</td><td>City</td><td></td><td>Zip Code</td></tr></table> <p><i>I hereby accept appointment as Registered Agent for the above named Nonresident Guardian of Adult.</i></p> <p>X _____ <input type="text"/></p> <p>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</p>	<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>	Street Address	City		Zip Code	<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>	Mailing Address (if different from street address)	City		Zip Code								
<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>																						
Street Address	City		Zip Code																						
<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>																						
Mailing Address (if different from street address)	City		Zip Code																						
4. Signature: (Required)	<p>X _____ <input type="text"/></p> <p>Signature Date</p> <p>This statement remains in effect for a period of 5 years after the date of filing unless canceled earlier.</p>																								

This form must be accompanied by appropriate fees.



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☐ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ Credit Card (attach ePayment checklist)

☐ Trust Account:

☐ Use balance remaining in job #



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1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested:

☐

2-Hour Expedite
(additional **\$500.00** fee included)

☐

1-Hour Expedite
(additional **\$1000.00** fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery:

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

Credit Card (attach ePayment checklist)

☐

Trust Account:

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Use balance remaining in job #



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.