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:

2. Nonresident Guardian:

Name of Nonresident Guardian | Country

Address | City | State | Zip/Postal Code

Mailing Address (if different from street address) | City | State | Zip/Postal Code

3. Registered Agent:

The above named Nonresident Guardian of Adult appoints the following agent for service of process in Nevada:

☐ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below)

Name of Registered Agent

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

I hereby accept appointment as Registered Agent for the above named Nonresident Guardian of Adult.

X _____ Date

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

4. Signature: (Required)

X _____ Date

Signature

This statement remains in effect for a period of 5 years after the date of filing unless canceled earlier.

This form must be accompanied by appropriate fees.

Revised: 8/1/2023