



Protecting Your Wishes

A no-cost service provided by the office of Nevada Secretary of State Barbara K. Cegavske



ABOVE SPACE IS FOR OFFICE USE ONLY

Advance Directive Registration Agreement

Registrant's Information PLEASE TYPE OR PRINT CLEARLY USING INK

Form fields for Registrant's Information: Legal First Name, Legal Middle Name, Legal Last Name, Suffix, Last 4 of SSN, Date of Birth, Gender, Address, Phone, and Email Address.

Primary Contact (Persons listed on advance directive documents, legal guardian or family member)

Form fields for Primary Contact: Name, Relationship, Address, City, State, Zip Code, Phone Number, and emergency access authorization (Yes/No).

Alternate Contact

Form fields for Alternate Contact: Phone Number (Area Code and Number).

Form fields for Alternate Contact: Name, Relationship, and emergency access authorization (Yes/No).

Form section: How did you hear about the Nevada Lockbox? (TV, Print ad, Other) with a text box for specification.

I, _____ ("Registrant"), request that the Nevada Secretary of State, electronically store with the Nevada Lockbox ("Lockbox"), a copy of my attached advance directive (including but not limited to my: living will, health care proxy, or similar document[s]), and provide a copy of the stored advance directive image to any health care provider, pursuant to Nevada Revised Statutes (NRS) 629.031, who requests it in conjunction with my care. I voluntarily execute this registration on the date set forth below, without coercion, duress or undue influence from any party, and I warrant and represent that I have the legal capacity to offer my consent to such registration. My registration is not effective until I receive written confirmation from the Nevada Lockbox, at the above address. Oral changes to my Lockbox file or documents are not effective.

Advance Directive Registration Agreement (page 2)

I. Registration and Certification: I submit the information contained herein to confirm my identity, in the event that a health care provider requests a copy of my living will/advance directive. I certify that this information is correct and that the attached document represents my currently effective advance directive, which was properly executed in accordance with the laws of the state where it was executed. I agree to notify the Lockbox, by submitting an Authorization to Change Form, at the Lockbox's address listed below, in the event of my revocation of the attached living will/advance directive or of this registration, or if the attached advance directive or the identifying information herein are changed in any way. I agree to provide the Lockbox as soon as possible with a copy of the new/changed documents. I will indemnify and hold the Lockbox harmless for any damages resulting from the Lockbox's reliance on these certifications, or on any inaccurate information I supplied. Pursuant to NRS 449.940, if I don't notify the Lockbox in writing and in a timely manner of any changes, or of the revocation of my advance directive or this registration, or if I don't provide a true copy of the changed documents to the Lockbox, the Lockbox will not be liable for any damages resulting from the production of the documents on file to any health care provider.

II. Authorization: I authorize access to my advance directive to any health care provider that is providing me care. I also authorize the Lockbox to send a copy of my advance directive to any health care provider that requests a copy of it, provided the request conforms to the Lockbox's policies and procedures (or as deemed advisable by the Lockbox in an emergency situation, or as required by law). The Lockbox is not otherwise authorized to share my personal information with parties other than health care providers.

III. Limitations on Liability: I understand that I will not be charged a fee to register or to maintain my registration. Pursuant to NRS 449.940-449.950, the Lockbox and its agents, or the Secretary of State and employees shall not be liable to me or any person or entity for any liability arising from the improper transmission/disclosure of my advance directive, from the transmission of inaccurate or incomplete materials, or from the loss/misplacement/destruction/unavailability of all or part of my advance directive.

IV. Terms: This agreement shall remain in effect until the Lockbox receives reliable information that the Registrant is deceased; the Registrant requests, by submitting an Authorization to Change Form, that the Agreement be terminated; or until registration is cancelled pursuant to the Lockbox's policies and procedures. When the agreement is terminated, the Lockbox will use best efforts to remove registrant's advance directive from its files. Pursuant to NRS 449.900, the Lockbox will run a check against Nevada Vital Statistics at least once every 5 years.

I hereby agree to the terms herein, and certify the accuracy of the information provided. I agree to safeguard my Registration ID card from unauthorized access. I understand that anyone who gains access to my card can use it to gain access to my documents and personal information and I will not hold the Lockbox liable for such unauthorized access.

X _____
Signature of Registrant Date

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| If the Advance Directive Registration Agreement is prepared and submitted by someone other than the Registrant, the following must be completed: | |
| <i>I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Registration Agreement on his/her behalf.</i> | |
| <input type="text"/> | <input type="text"/> |
| Print Name of Person who Prepared this Document | Entity/Organization Name |
| Contact Number: <input type="text"/> | <input type="text"/> |
| Area Code | Number |
| X _____ | <input type="text"/> |
| Signature of Person who Prepared this Document | Date |

Attach photocopies of all documents.
Please *do not* send originals as we cannot be responsible for their safe keeping.

| | |
|----------------------------|--|
| MAIL OR FAX | Nevada Lockbox |
| | c/o Nevada Secretary of State Barbara K. Cegavske |
| | 2250 Las Vegas Blvd. North, Suite 400 |
| | North Las Vegas, NV 89030 |
| | Phone (702) 486-2887 Fax (775) 684-7177 |