



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

Authorization to Change Form

This form must be used by the Registrant to make modification(s) to: Registrant Information, Contact Information, withdraw from Registry, and revoke documents in Lockbox.

Registrant Information PLEASE TYPE OR PRINT CLEARLY USING INK

Form fields for Registrant Information: Legal First Name, Legal Middle Name, Legal Last Name, Suffix, Date of Birth, Registrant ID #

Change Registrant Information (Complete only the data that is being modified)

Form fields for Change Registrant Information: Legal First Name, Legal Middle Name, Legal Last Name, Suffix, Address, Phone, Email Address

Change Advance Directive Information (Complete only the data that is being modified)

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

Contact is authorized access to my Advance Directive in case of emergency: Yes No

Alternate Contact

Form fields for Alternate Contact: Phone Number, Name, Relationship, Contact is authorized access to my Advance Directive in case of emergency: Yes No

Change Guardianship Nomination Contact Information (Complete only the data that is being modified)

Use this form to change guardianship nominee contact information only. To change or replace who you would like to request to nominate as your guardian, you must execute a new **Request to Nominate Guardian Form** with all signatures and Notary certification, and submit the original wet copy along with an **Authorization to Change Documents** form.

Primary Nominee for Guardian of Person

Name: _____

Address: _____
(No P.O. Boxes) Street Address City State Zip Code

Telephone: (____) _____ Email (optional): _____

Primary Nominee for Guardian of Person and Primary Nominee for Guardian of Estate are the same.

Primary Nominee for Guardian of Estate

Name: _____

Address: _____
(No P.O. Boxes) Street Address City State Zip Code

Telephone: (____) _____ Email (optional): _____

Alternate Nominee for Guardian of Person (Optional)

Name: _____

Address: _____
(No P.O. Boxes) Street Address City State Zip Code

Telephone: (____) _____ Email (optional): _____

Alternate Nominee for Guardian of Person and Alternate Nominee for Guardian of Estate are the same.

Alternate Nominee for Guardian of Estate (Optional)

Name: _____

Address: _____
(No P.O. Boxes) Street Address City State Zip Code

Telephone: (____) _____ Email (optional): _____

Withdraw from Registry (Utilize this section to dis-enroll from one or both Registry)

Advance Directive Remove ALL my document(s) from the Advance Directive Registry. I no longer wish to participate in the storing of my **Advance Directive** documents in the Lockbox. I am aware that neither I nor any authorized entity will have access to any of my electronically filed documents.
Initial _____

Guardianship Nomination Remove my filed document from the Guardianship Nomination Registry. I no longer wish to participate in the storing of my **Guardianship Nomination** document in the Lockbox. I am aware that neither I nor any authorized entity will have access to any of my electronically filed documents.
Initial _____

Revoke Filings from Nevada Lockbox (Utilize this section to be removed from both Registries)

Revoke Remove ALL my document(s) from the Nevada Lockbox Registry. I no longer wish to participate in the storing of my Advance Directives or Guardianship Nomination documents in the Lockbox. I am aware that neither I nor any authorized entity will have access to any of my electronically filed documents.
Initial _____

Authorization to Change Form (page 3)

I certify that this form accurately represents the changes I have made. Additionally, I authorize the changes to be reflected in the Lockbox.

X _____ Date

Signature of Registrant

If Authorization to Change Form is prepared and submitted by someone other than the Registrant, the following must be completed:

I declare under penalty of perjury that pursuant to NRS 132.045, I am an agent of the above said Registrant and submitting this Authorization to Change Form on his/her behalf.

Print Name of Person who Prepared this Document

Entity/Organization Name

Contact Number: _____

Area Code

Number

X _____

Signature of Person who Prepared this Document

Date

To confirm changes have been made please go to www.NevadaLockbox.nv.gov and click on Access to Documents to view your documents on file. Please allow up to 12 business days for the changes to be viewed online.

**MAIL
OR
FAX**

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