



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 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.

<b>1. Ward Information:</b>	Name of ward: <input style="width: 100%;" type="text"/>																		
<b>2. Nonresident Guardian:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 60%;" type="text"/></td> <td style="border: none;"><input style="width: 30%;" type="text"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Name of Nonresident Guardian</td> <td style="border: none;">Country</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input style="width: 30%;" type="text"/></td> <td style="border: none;"><input style="width: 30%;" type="text"/></td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State Zip/Postal Code</td> </tr> <tr> <td style="border: none;"><input style="width: 30%;" type="text"/></td> <td style="border: none;"><input style="width: 30%;" type="text"/></td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none;">Mailing Address (if different from street address)</td> <td style="border: none;">City</td> <td style="border: none;">State Zip/Postal Code</td> </tr> </table>	<input style="width: 60%;" type="text"/>	<input style="width: 30%;" type="text"/>		Name of Nonresident Guardian	Country		<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>	Address	City	State Zip/Postal Code	<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>	Mailing Address (if different from street address)	City	State Zip/Postal Code
<input style="width: 60%;" type="text"/>	<input style="width: 30%;" type="text"/>																		
Name of Nonresident Guardian	Country																		
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>																	
Address	City	State Zip/Postal Code																	
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>																	
Mailing Address (if different from street address)	City	State Zip/Postal Code																	
<b>3. Registered Agent:</b>	<p>The above named Nonresident Guardian of Adult appoints the following agent for service of process in Nevada:</p> <p style="text-align: center;"> <input type="checkbox"/> Commercial Registered Agent:(name only below)       <input type="checkbox"/> Noncommercial Registered Agent (name and address below)     </p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> <p>Name of Registered Agent</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 50%;" type="text"/></td> <td style="border: none;"><input style="width: 20%;" type="text"/></td> <td style="border: none;">Nevada</td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none;">Street Address</td> <td style="border: none;">City</td> <td style="border: none;"></td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;"><input style="width: 50%;" type="text"/></td> <td style="border: none;"><input style="width: 20%;" type="text"/></td> <td style="border: none;">Nevada</td> <td style="border: none;"><input style="width: 10%;" type="text"/></td> </tr> <tr> <td style="border: none;">Mailing Address (if different from street address)</td> <td style="border: none;">City</td> <td style="border: none;"></td> <td style="border: none;">Zip Code</td> </tr> </table> <p style="text-align: center;"><i>I hereby accept appointment as Registered Agent for the above named Nonresident Guardian of Adult.</i></p> <p>X _____ <input style="width: 100px;" type="text"/></p> <p style="text-align: center;">Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <span style="float: right;">Date</span></p>	<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>	Street Address	City		Zip Code	<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>	Mailing Address (if different from street address)	City		Zip Code		
<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>																
Street Address	City		Zip Code																
<input style="width: 50%;" type="text"/>	<input style="width: 20%;" type="text"/>	Nevada	<input style="width: 10%;" type="text"/>																
Mailing Address (if different from street address)	City		Zip Code																
<b>4. Signature: (Required)</b>	<p>X _____ <input style="width: 100px;" type="text"/></p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p> <p style="text-align: center;">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.





**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

# 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:

Use balance remaining in job #

