

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Code:  
(Your name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Telephone) \_\_\_\_\_

In Proper Person

IN THE \_\_\_\_\_ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Guardianship )  
of the  Person only )  
 Estate only )  
 Person and Estate )  
of: )  
\_\_\_\_\_, )  
\_\_\_\_\_, )  
\_\_\_\_\_, )  
A(n)  Minor. )  
 Adult. )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_  
DEPT. NO. \_\_\_\_\_

**AFFIDAVIT OF PETITIONER REGARDING MEDICAL CERTIFICATION**

STATE OF NEVADA )  
COUNTY OF \_\_\_\_\_ )

(Petitioner's name) \_\_\_\_\_, being first duly sworn according  
to law, deposes and says:

1. That I am the petitioner in this case.
2. That I have tried to obtain a physician's certificate regarding the proposed ward's health. I have done this by (explain what steps you have taken to get the certificate)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

---

---

---

3. That I have not been able to get the certificate from the doctor.

DATED THIS \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature)

SIGNED and SWORN to before me by (Petitioner's name) \_\_\_\_\_

on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**OR**

\_\_\_\_\_  
DEPUTY CLERK

///  
///  
///  
///  
///  
///  
///  
///  
//