NevadaLockbox.nv.gov

Protecting Your Wishes

A no-cost service provided by the office of
Nevada Secretary of State
Francisco V. Aguilar

Document Name

ABOVE SPACE IS FOR OFFICE USE ONLY

Authorization to Change Documents

This Form is used by the Registrant to Add, Replace, or Withdraw documents filed in the Nevada Lockbox.

Registrant Information PLEASE TYPE OR PRINT CLEARLY USING INK

Legal First Name | Legal Middle Name | Legal Last Name | Suffix

Date of Birth
mm/dd/yyyy

Registrant ID #
(*found on the Wallet Card)*

Change Program Documents (*Complete only for the documents that are being modified*)

Advance Directive: Must attach a copy of additional/new document(s) to when submitting this form.

*Mark with an "X" the appropriate action for the **Advance Directive** Document:
Add (A) a health care directive document to my currently stored documents
Replace (R) all current stored health care directive document(s) with new one(s).
Withdraw (**W**) a healthcare declaration document from Lockbox.

Reset Fillable Form ACTION	Select **ACTION*** (A) (R) (W)	
◉	A R W	**Document Name** _____
◉	A R W	**Document Name** _____
◉	A R W	**Document Name** _____
◉	A R W	**Document Name** _____

Guardianship Nomination: Use this form to replace the previously filed **Request to Nominate Guardian Form** with a new one.

New Document Name _____

The **Request to Nominate Guardian Form** must be submitted with the original wet signature by mail or by delivery with this signed form.

NOTE: Use the **Authorization to Change Form** to withdraw from the Guardianship Registry.

RESET

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

X _____ _____

Signature of Registrant Date

If Authorization to Change Documents 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 Documents 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.

PRINT

RESET

Limitations on Liability

Pursuant to NRS 225.400, the contents of the registry established by NRS 225.300-.440 are not verified for accuracy or legal validity. Pursuant to NRS 225.430, the Secretary of State and employees shall not be liable for any action or omission made in good faith in the administration of the Lockbox.

MAIL
OR
FAX

Nevada Lockbox
c/o Nevada Secretary of State Francisco V. Aguilar
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030
Phone (702) 486-2887 Fax (775) 684-7177