



Protecting Your Wishes

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

ABOVE SPACE IS FOR OFFICE USE ONLY

Authorization to Change Form

Nevada Lockbox registrants must use this form to update their registration, change contact/nominee information, or add to or withdraw the documents stored in their Lockbox. Changes to a registration do not change the contents of the documents stored within a Lockbox. No fee is assessed. Type or print clearly.

[Log in and view the latest version of your stored documents at Nevadalockbox.nv.gov](https://Nevadalockbox.nv.gov)

SECTION 1: Registrant Information

Registration will be updated to reflect the most current contact information.

| | | | |
|---|-------------------|-----------------|--------|
| Legal First Name | Legal Middle Name | Legal Last Name | Suffix |
| Registrant ID# (found on Wallet Card) | Last 4 of SSN | Date of Birth | |
| Residence Address | City | State | Zip |
| Mailing Address (all correspondence will be sent to this address) | City | State | Zip |
| Telephone | Email Address | | |

SECTION 2: Update Advance Directive Contact Information

List persons named on advance directive documents. Contact changes do not change the content of the documents stored.

| | | |
|--|--------------|-----------|
| Primary Contact Name | Relationship | Telephone |
| Address | City | State Zip |
| Contact is authorized access to my advance directive document in case of emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Alternate Contact Name | Relationship | Telephone |
| Contact is authorized access to my advance directive document in case of emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION 3: Advance Directive Documents

Add or withdraw advance directive documents in the Lockbox.

Select an action. List each advance directive document attached to this form or to be withdrawn from the Lockbox.

- A** - Add a new health care directive document to my currently stored documents (any previous version will be deleted).
W - Withdraw a health care directive document from the Lockbox.

• Attach and submit a **copy** of any new advance directive documents with this form. Do not submit original advance directive(s) as all filings submitted to the Advance Directive Registry are securely shredded after upload to the Lockbox.

Nevada Secretary of State Form SPLB-0002 Version 4 (10/7/2025)

- ☐ ADD ☐ WITHDRAW Durable Power of Attorney for Healthcare Decisions
☐ ADD ☐ WITHDRAW Do Not Resuscitate
☐ ADD ☐ WITHDRAW Living Will
☐ ADD ☐ WITHDRAW Physician Order for Life- Sustaining Treatment
☐ ADD ☐ WITHDRAW Advanced Directive for Psychiatric

**SECTION 4: Update Guardianship
Nominee Contact Information**Complete this section to **change only the contact information** for your guardianship nominee(s).

● If you are nominating a new individual or wish to remove a nominee, you must execute and file a new *Request to Nominate Guardian Form* with the Lockbox.

Primary Nominee for Guardian of Person

Relationship

Address (No P.O. Boxes)

City

State

Zip

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

Relationship

Address (No P.O. Boxes)

City

State

Zip

Telephone

Email (optional)

Alternate Nominee for Guardian of Person (optional)

Relationship

Address (No P.O. Boxes)

City

State

Zip

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)

Relationship

Address (No P.O. Boxes)

City

State

Zip

Telephone

Email (optional)

~~ Due to size, the wallet card printed for the Guardianship Nomination Registry will only display the primary nominee contact information. ~~

SECTION 5: Request Duplicate Wallet Card

A duplicate wallet card will be issued for all enrolled registries with the same Registrant ID# associated with the registrant's Lockbox account and will be mailed to the mailing address on page 1.

Select the reason for the request:

☐

My wallet card is lost or worn.

☐

To provide another individual with a copy of my card.

☐

Other: _____



Log in and view the latest version of your stored documents at NevadaLockbox.nv.gov

**SECTION 6: Registration Options**

Withdraw from either registry or close your Lockbox.

- ☐ **Withdraw from Advance Directive Registry:** Remove ALL my advance directive(s). I no longer wish to participate in the storing of my advance directive document(s) in the Lockbox. I am aware that neither I nor any authorized entity will have access to any of my filed documents.
- ☐ **Withdraw from Guardianship Nomination Registry:** Remove my *Request to Nominate Guardian Form*. I no longer wish to participate in the storing of my form in the Lockbox. I am aware that neither I nor any authorized entity will have access to any of my filed documents.
- ☐ **Revoke/Close Lockbox:** Remove ALL my document(s) from the Nevada Lockbox. I no longer wish to participate in the Nevada Lockbox program. I am aware that neither I nor any authorized entity will have access to any of my filed documents.
- ☐ **Registrant Deceased:** An Authorized Agent signs and dates below and attaches a copy of the registrant's Death Certificate or obituary notice to this form. The registrant's Lockbox account will be closed.

You will receive a confirmation letter of your registration request at the mailing address on page 1.

SECTION 7: Registrant Signature

I certify that this Authorization to Change Form accurately represents the changes I have made. Additionally, I authorize the changes to be reflected in the Nevada Lockbox.

X_____
Signature of Registrant_____
Date**SECTION 8: Authorized Agent**

If this form is prepared and submitted by someone other than the registrant, complete the following:

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 their behalf.

Print name of person who prepared this document_____
Entity/Organization Name**X**_____
Signature of person who prepared this document_____
Date_____
Telephone**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 Nevada Secretary of State and employees shall not be liable for any action or omission made in good faith in the administration of the Lockbox.

File this form

1. Mail to South Las Vegas office; or
2. Scan and Email as a PDF file; or
3. Deliver to South Las Vegas or Carson City offices
 - 101 N. Carson Street, Suite 3 Carson City, NV 89701

Nevada Lockbox

Nevada Secretary of State Francisco V. Aguilar
1 State of Nevada Way, Suite 310
Las Vegas, NV 89119
Phone: (702) 486-2887
Email: Lockbox@sos.nv.gov

Confirm these changes have been made by visiting www.NevadaLockbox.nv.gov.Select *Registrant Access* to login.

Allow up to 14 business days for the changes to be reflected online.

If you do not receive your wallet card(s), call Monday through Friday 8am to 5pm or email the program office for assistance.