TEMPORARY GUARDIANSHIP

| I/we, | 2, | | | | | and | | | | , the parent(s) of | | | | | | |
|-------|---------------|-----|----------|-----|-----|---------|----------|--------|---------|--------------------|-------|---------|--------------|---------|------|-----------|
| | | | | | | | | | | ł | neret | y appo | oint, pursua | nt to] | NRS | 159.205, |
| | | | | | | | and | | | | | | - | | as t | emporary |
| legal | guardian(s) | to | provide | for | the | care, | custody, | and | control | of | the | minor | child(ren). | This | gua | rdianship |
| onnoi | intmont inclu | dag | oll noor | | | thority | and nor | vor to | furnich | 0.00 | 1 | avida a | ore and co | miana | to t | ha minor |

appointment includes all necessary authority and power to furnish and provide care and services to the minor child(ren) as may seem necessary, proper or desirable in the child's best interests and welfare; including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment.

This appointment has been executed by both parents if living, not divorced and in legal custody of said minor, otherwise by the parent having legal custody. This appointment expires by operation of law six months after the date of its execution. A custodial parent or a court of competent jurisdiction may terminate this appointment at any time within this six-month term.

| Signed: | and | |
|--|---|-----|
| Address: | | |
| STATE OF NEVADA | | |
| COUNTY OF |) | |
| On and he/she/they executed the | personally appeared before me, a notary public,, who personally appeared before me and who acknowledged th above instrument. | nat |
| Notary Public | | |
| | **** | |
| accept this appointment a provide proper and neces all federal, state and loca | and, do here as guardian and the responsibility for the care, custody, control and further agree to asary subsistence for the support and maintenance of the minor child(ren) and to abide by al laws including rules and regulations of the County School to inform the school of enrollment when the child is no longer under my/our control. | у |
| Signed: | and | |
| Address: | | |
| STATE OF NEVADA | | |
| COUNTY OF |) | |
| On | personally appeared before me, a notary public,an , and who acknowledged that he/she/they executed the above instrument. | d _ |
| | | |

Notary Public

a٠ .

In cases in which the minor is 14 years old or older, the minor must consent in writing to the guardianship. I hereby consent to this temporary guardianship.

