

Statement of Guardianship

Appointment of Temporary Guardian (6 Months) Pursuant to NRS 159

The undersigned, Mikki Wilhelm, (Insert Grantor(s) Name), of 1356 Kimmerling Rd. #A Gardnerville N.V. 89410, (Specify Grantor(s) Full and Complete Address), is the natural Mother, (State the relationship of the Grantor to the Child), of the child, and as the person who has the legal care, custody, and control of the said minor child, herein named;

Amber Nicole Fazard - Richard William Lewis Fazard, (List Child's full and complete birth name), and of the age of 10 years, born on the 11 day of June, 19 98, the undersigned Grantor does hereby nominate and appoint;

Diane Lynn Harm, (List Appointee's Full and Complete Name), who is the natural Mother, (State relationship to the GRANTOR) to the undersigned Grantor,

of Mikki Wilhelm, (List full and complete address of Appointee) 1350 Centerville Ln #11 GV, N.V., (List full and complete address of Appointee) who is the natural Grandmother, (State relationship of the Appointee to the CHILD), of the said minor child as temporary guardian of the said minor child, and as Co-Appointee or Alternate Appointee, the undersigned Grantor, does hereby nominate and appoint;

(List Appointee's Full and Complete Name), who is the natural, (State relationship to the GRANTOR) to the undersigned Grantor, of

(List full and complete address of Appointee) who is the natural, (State relationship of the Appointee to the CHILD), of the said minor child as temporary guardian of the said minor child and empower them to act in all respects as such, including the right to enroll said minor child in school, and to be authorized in any and all medical care necessary for the treatment and well being of said minor child, said person(s) shall have all powers normally bestowed on a legal guardian, including, among other powers, the right to allow or deny medical treatment, the right to define and arrange for physical care, and the right to feed, cloth, and other wise determine said minor child's normal daily care. This temporary guardianship is given pursuant to NRS 159 and shall expire six (6) months from this date hereof.

I/We hereby accept the appointment as Guardian to the above-named minor child, pursuant to the foregoing Appointment of Temporary Guardian State of Nevada NRS 159.

Diane Harm, Signature of Appointee; Diane Harm, Signature of Co-Appointee/Alternate; signed in front of notary

In Witness Whereof, I have hereunto set my hand this 19 day of January, 19 99

Mikki M. Wilhelm, Signature of Grantor; Mikki M. Wilhelm, Print or type name here

(Blank signature line), Signature of Grantor; (Blank name line), Print or type name here

STATE OF NEVADA } COUNTY OF Douglas }

On this 20th day of January, 19 99 personally appeared before me, a Notary Public, Mikki Wilhelm and Diane Harm, personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that I he y executed the instrument.

WITNESS my hand and official seal, Janice F. Frayo, NOTARY PUBLIC



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COPY

REQUESTED BY
Nikki Wilhelm
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JAN 20 P1:31

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LINDA SLATER
RECORDER
\$ 8.00 PAID [Signature] DEPUTY

