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DOC # 0767671  
07/28/2010 11:41 AM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
ROBIN DICKENS

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: Robin Dickens

Address: 253 Louis Lane

City/State/Zip Colusa, CA 95932

Real Property Transfer Tax: \_\_\_\_\_

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0710 PG- 5143 RPTT: 0.00



Authorization of Temporary Guardianship  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

C:\bc docs\Cover page for recording

**AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR**

**Child**

Full Legal Name: Thomas Edward Dobbs III  
Date of Birth: July 29, 2006 Age: 3 Gender: male

**Doctor's Information**

Doctor's Name: Del Norte Family Health Center  
Doctor's Address: 555 Fremmont Street, Colusa, California 95932  
Doctor's Office Phone: 530-458-8635 Doctor's Emergency Phone: \_\_\_\_\_  
Medical Insurer/Health Plan: Medical Policy #: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Allergies (Other): \_\_\_\_\_  
If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:  
\_\_\_\_\_  
\_\_\_\_\_

**Dentist's Information**

Dentist's Name: Del Norte Family Health Center  
Dentist's Address: 555 Fremont Street, Colusa, California 95932  
Dentist's Office Phone: 530-458-8635 Dentist's Emergency Phone: \_\_\_\_\_  
Dentist's Insurer/Health Plan: Medical Policy #: \_\_\_\_\_

**Parent(s)/Legal Guardian(s):**

Parent #1:  
Name: Amanda Junette Dobbs  
Address: 1336 W. Wales, Gardnerville, Nevada 89410  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: 775-209-6623 Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

Parent #2:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

**Temporary Guardian(s):**

**Temporary Guardian #1:**

Name: Darrel Spencer Dickens  
Address: 253 Louis Lane  
Home phone: 530-458-8408 Work phone: 530-458-2125  
Cell phone: 530-713-8209 Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

**Temporary Guardian #2:**

Name: Robin Renea Dickens  
Address: 253 Louis Lane  
Home phone: 530-458-8408 Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

**Emergency Contact:**

Name: Carl Ann Dickens  
Address: 241 Louis Lane  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: 530-329-5659 Pager: \_\_\_\_\_  
Email: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the 1 day of June, 2010 and expiring on the 1 day of June, 2011.

6. For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows: temporary guardians will provide all maintenance, expense, and benefits.

7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural. Under penalty of perjury under the laws of the state of Nevada, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's signature: Amanda J. Dobbs Date: 7.28.10

Parent 2's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT OF TEMPORARY GUARDIAN**

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of Nevada, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1's signature: Robin Dickens Date: 7/28/10

Temporary Guardian 2's signature: Darrel Dickens Date: 7/28/10

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF Nevada  
COUNTY OF Douglas

This document was acknowledged before me on July 28, 2010 [date] by Amanda Junette Darrel Spencer Dicken and Robin Reneae Dickens [name of principal]. Dobbs,

Deidre A Chaney  
(Signature of Notarial Officer)

Notary Public for the State of Nevada

My commission expires: 4-10-2010

