



KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: ANTHONY FIELD

Address: 1282 N SANTA BARBARA DR

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

DECLARATION

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

[Signature]
Signature

ANTHONY FIELD
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician or attending advanced practice registered nurse, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I appoint HEATHER DONN FIELD, and if she is not reasonably available or is unwilling to serve, ANTHONY JAY FIELD, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician or attending advanced practice registered nurse, pursuant to NRS 449A.400 to 449A.481, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld pursuant to this declaration.

Even after all other treatment is withheld, I want to receive or continue receiving artificial nutrition and hydration by means other than the gastrointestinal tract and/or nasogastric tube.

DESIGNEE: HEATHER DONN FIELD

Address: 1282 N. Santa Barbara Drive, Minden, NV 89423

DESIGNEE: ANTHONY JAY FIELD

Address: 1282 N. Santa Barbara Drive, Minden, NV 89423

This 30th day of September, 2021.

A. Field

ALEXA NICOLE FIELD
1282 N. Santa Barbara Drive
Minden, NV 89423

The declarant voluntarily signed this writing in my presence:

WITNESS: Nikki Holden

Address: 2330 Damon Rd, Carson City NV 89701

Signature: Nikki Holden

WITNESS: Frances Lincoln

Address: PO Box 2326, Carson City NV 89702

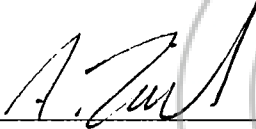
Signature: FL

REQUEST TO NOMINATE GUARDIAN

I, ALEXA NICOLE FIELD, residing at 1282 N. Santa Barbara Drive, Minden, NV 89423, am executing this notarized document as my written declaration and request for the person(s) designated below to be appointed as my guardian should it become necessary. I am advising the court and all persons and entities as follows:

1. As of the date I am executing this request to nominate a guardian, I have the mental capacity to understand and execute this request.
2. This request pertains to the guardian of my person and estate.
3. Should the need arise, I request that the court give my preference to the person(s) designated below to serve as my appointed guardian.
4. I request that HEATHER DONN FIELD serves as my appointed guardian.
5. If Heather is unable or unwilling to serve as my appointed guardian, then I request that ANTHONY JAY FIELD serves as my appointed guardian.
6. I do not, under any circumstances, desire to have any private, for-profit guardian serve as my appointed guardian.

I sign my name to this document on this 30th day of September, 2021.



ALEXA NICOLE FIELD

///
///
///
///
///
///
///
///
///
///
///
///
///
///
///

Intentionally Left Blank

I declare under penalty of perjury that the principal is personally known to me, that the principal signed this request to nominate a guardian in my presence, that the principal appears to be of sound mind, has the mental capacity to understand and execute this document, and is under no duress, fraud, or undue influence, and that I have no interest, financial or otherwise, in the estate of the principal.

WITNESS 1:

Nikki Holden Nikki Holden 9/30/21
Name Signature Date

WITNESS 2:

Frances Lincoln FL 9-30-21
Name Signature Date

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)
 Carson City

On this 30 day of September, 2021, before me, Dale Ann Luzzi,
personally appeared ALEXA NICOLE FIELD, NIKKI Holden, and
FRANCES LINCOLN, personally known to me (or proved to me on the basis of
satisfactory evidence) to be the persons whose names are subscribed to this instrument, and
acknowledged that they have signed this instrument.

DLUZZI
NOTARY PUBLIC

