

ASSEMBLY BILL NO. 496—ASSEMBLYMAN PARKS

MARCH 19, 2001

Referred to Committee on Judiciary

SUMMARY—Provides for recognition of reciprocal beneficiary relationships.  
(BDR 11-1283)

FISCAL NOTE: Effect on Local Government: Yes.  
Effect on the State: No.

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to domestic relations; providing for the recognition of reciprocal beneficiary relationships; setting forth the benefits and rights to which persons in a valid reciprocal beneficiary relationship are entitled; declaring certain actions by employers to be an unlawful employment practice; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     **Section 1.** Title 11 of NRS is hereby amended by adding thereto a  
2 new chapter to consist of the provisions set forth as sections 2 to 11,  
3 inclusive, of this act.

4     **Sec. 2.** *As used in this chapter, unless the context otherwise*  
5 *requires, the words and terms defined in sections 3 to 6, inclusive, of this*  
6 *act have the meanings ascribed to them in those sections.*

7     **Sec. 3.** *“Declaration of reciprocal beneficiary relationship” means a*  
8 *statement on a form provided by the attorney general that declares the*  
9 *intent of two persons to enter into a reciprocal beneficiary relationship.*

10    **Sec. 4.** *“Declaration of termination of reciprocal beneficiary*  
11 *relationship” means a statement on a form provided by the attorney*  
12 *general that declares the intent of one or both of the parties to a*  
13 *reciprocal beneficiary relationship to terminate that relationship.*

14    **Sec. 5.** *“Reciprocal beneficiary” means a person who is a party to a*  
15 *valid reciprocal beneficiary relationship.*

16    **Sec. 6.** *“Valid reciprocal beneficiary relationship” means a*  
17 *relationship:*

18    1. *Between two persons who meet the criteria set forth in section 7 of*  
19 *this act;*



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1     2. For which a declaration of reciprocal beneficiary relationship has  
2     been signed and notarized as required pursuant to section 8 of this act;  
3     and  
4     3. That has not been terminated pursuant to section 9 of this act.  
5     Sec. 7. 1. The State of Nevada hereby recognizes reciprocal  
6     beneficiary relationships.  
7     2. Before two persons may enter into a reciprocal beneficiary  
8     relationship, all the following conditions must be satisfied:  
9     (a) Each person is 18 years of age or older;  
10    (b) Neither person is:  
11       (1) Married; or  
12       (2) A party to another reciprocal beneficiary relationship; and  
13    (c) Each person consents voluntarily to enter the reciprocal  
14    beneficiary relationship and such consent was not obtained by way of  
15    coercion, duress, force or fraud.  
16    Sec. 8. Two persons who meet the criteria set forth in section 7 of  
17    this act may enter into a reciprocal beneficiary relationship by:  
18    1. Signing a declaration of reciprocal beneficiary relationship; and  
19    2. Having the declaration of reciprocal beneficiary relationship  
20    notarized by a notary public who is appointed in this state.  
21    Sec. 9. 1. Either party to a reciprocal beneficiary relationship may  
22    terminate the relationship by:  
23    (a) Signing a declaration of termination of reciprocal beneficiary  
24    relationship on a form provided by the attorney general; and  
25    (b) Having the declaration of termination of reciprocal beneficiary  
26    relationship notarized by a notary public who is appointed in this state.  
27    2. A reciprocal beneficiary relationship is automatically terminated if  
28    either party to the relationship:  
29    (a) Enters into a lawful marriage; or  
30    (b) Dies.  
31    Sec. 10. 1. If a reciprocal beneficiary relationship is terminated  
32    because one of the parties to the relationship:  
33    (a) Signs and has notarized a declaration of termination of reciprocal  
34    beneficiary relationship; or  
35    (b) Enters into a lawful marriage,  
36    neither party to the former reciprocal beneficiary relationship is entitled  
37    to receive a right or benefit that is provided by law to a reciprocal  
38    beneficiary.  
39    2. If a reciprocal beneficiary relationship is terminated because one  
40    of the parties to the relationship dies, the termination of the relationship  
41    does not prevent the surviving reciprocal beneficiary from exercising the  
42    right to:  
43    (a) Succeed to any property, interest or benefit to which he may be  
44    entitled pursuant to the laws of intestate succession.  
45    (b) Receive any insurance benefits to which he may be entitled under  
46    any contract or otherwise by law.  
47    (c) Make suitable arrangements for the decedent pursuant to NRS  
48    451.023 and 451.650.



1 (d) Make an anatomical gift of all or a part of the decedent's body as  
2 authorized pursuant to NRS 451.557.

3 In addition to the rights and benefits enumerated specifically in  
4 paragraphs (a) to (d), inclusive, a surviving reciprocal beneficiary is  
5 entitled to exercise any right or avail himself of any benefit provided  
6 specifically by law to reciprocal beneficiaries where the context of the  
7 right or benefit requires logically that the right or benefit extend beyond  
8 the death of the other party to the relationship.

9 Sec. 11. The attorney general may adopt such regulations as the  
10 attorney general determines are necessary to carry out the provisions of  
11 this chapter, including, without limitation, regulations to prevent fraud  
12 with respect to the declaration and termination of reciprocal beneficiary  
13 relationships.

14 Sec. 12. The preliminary chapter of NRS is hereby amended by  
15 adding thereto a new section to read as follows:

16 "Reciprocal beneficiary" has the meaning ascribed to it in section 5 of  
17 this act.

18 Sec. 13. NRS 6.030 is hereby amended to read as follows:

19 6.030 1. The court may at any time temporarily excuse any juror on  
20 account of:

21 (a) Sickness or physical disability.

22 (b) Serious illness or death of a member of his immediate family ~~or~~ *or*  
23 *of his reciprocal beneficiary.*

24 (c) Undue hardship or extreme inconvenience.

25 (d) Public necessity.

26 A person temporarily excused shall appear for jury service as the court may  
27 direct.

28 2. The court shall permanently excuse any person from service as a  
29 juror if he is incapable, by reason of a permanent physical or mental  
30 disability, of rendering satisfactory service as a juror. The court may  
31 require the prospective juror to submit a physician's certificate concerning  
32 the nature and extent of the disability, and the certifying physician may be  
33 required to testify concerning the disability when the court so directs.

34 Sec. 14. NRS 16.080 is hereby amended to read as follows:

35 16.080 After the impaneling of the jury and before verdict, the court  
36 may discharge a juror upon a showing of his sickness, a serious illness or  
37 death of a member of his immediate family ~~or~~ *or of his reciprocal*  
38 *beneficiary*, an undue hardship, an extreme inconvenience, any other  
39 inability to perform his duty or a public necessity. Alternate jurors, in the  
40 order in which they were selected, shall replace jurors who become unable  
41 or disqualified to perform their duties. If an alternate juror is required to  
42 replace a regular juror after the jury has retired to deliberate, the court shall  
43 recall the jury, seat the alternate and resubmit the case to the jury. If no  
44 alternate juror has been selected, the trial may proceed with the remaining  
45 jurors, only if the parties so agree. If the parties do not so agree, the jury  
46 ~~shall~~ *must* be discharged, and a new jury then or afterwards impaneled.



1     **Sec. 15.** NRS 41B.110 is hereby amended to read as follows:  
2     41B.110 "Interested person" means:  
3         1. A parent, spouse, *reciprocal beneficiary*, child or sibling of a  
4     decendent;  
5         2. A beneficiary or a person who would be a beneficiary if another  
6     person were found to be a killer of a decendent;  
7         3. A person who serves in any fiduciary or representative capacity with  
8     respect to any property, interest or benefit that is in any way related to a  
9     decendent, his estate or a governing instrument or a person who would be  
10    entitled to serve in such a capacity if another person were found to be a  
11    killer of a decendent; or  
12         4. A person who has a right to or claim against any property, interest  
13    or benefit that is in any way related to a decendent, his estate or a governing  
14    instrument or a person who would have such a right or claim if another  
15    person were found to be a killer of a decendent.  
16    **Sec. 16.** NRS 134.040 is hereby amended to read as follows:  
17    134.040 1. If the decendent leaves a surviving spouse *or reciprocal*  
18    *beneficiary* and only one child, or the lawful issue of one child, the estate  
19    goes one-half to the surviving spouse *or reciprocal beneficiary* and one-  
20    half to the child or the issue of the child.  
21         2. If the decendent leaves a surviving spouse *or reciprocal beneficiary*  
22    and more than one child living, or a child and the lawful issue of one or  
23    more deceased children, the estate goes one-third to the surviving spouse  
24    *or reciprocal beneficiary* and the remainder in equal shares to the children  
25    and the lawful issue of any deceased child by right of representation.  
26    **Sec. 17.** NRS 134.050 is hereby amended to read as follows:  
27    134.050 1. If the decendent leaves no issue, the estate goes one-half to  
28    the surviving spouse ~~H~~ *or reciprocal beneficiary*, one-fourth to the father  
29    of the decendent and one-fourth to the mother of the decendent, if both are  
30    living. If both parents are not living, one-half to either the father or the  
31    mother then living.  
32         2. If the decendent leaves no issue, or father or mother, one-half of the  
33    separate property of the decendent goes to the surviving spouse *or*  
34    *reciprocal beneficiary* and the other one-half goes in equal shares to the  
35    brothers and sisters of the decendent.  
36         3. If the decendent leaves no issue , ~~to~~ surviving spouse ~~H~~ *or*  
37    *reciprocal beneficiary*, the estate goes one-half to the father of the  
38    decendent and one-half to the mother of the decendent, if both are living. If  
39    both parents are not living, the whole estate goes to either the father or the  
40    mother then living.  
41         4. If the decendent leaves no issue, father, mother, brother or sister, or  
42    children of any issue, all of the separate property of the decendent goes to  
43    the surviving spouse ~~H~~ *or reciprocal beneficiary*.  
44    **Sec. 18.** NRS 134.060 is hereby amended to read as follows:  
45    134.060 If there is no issue, surviving spouse, *reciprocal beneficiary*  
46    or father or mother, then the estate goes in equal shares to the brothers and  
47    sisters of the decendent and to the children of any deceased brother or sister  
48    by right of representation.



- 1     **Sec. 19.** NRS 134.070 is hereby amended to read as follows:  
2     134.070 If the decedent leaves no issue, surviving spouse, *reciprocal*  
3     *beneficiary* or father or mother, and no brother or sister living at the time  
4     of death, the estate goes to the next of kin in equal degree, except that if  
5     there are two or more collateral kindred in equal degree, but claiming  
6     through different ancestors, those who claim through the nearest ancestors  
7     are preferred to those who claim through ancestors more remote. If any  
8     person dies leaving several children, or leaving a child and issue of one or  
9     more children, and any such surviving child dies under age and not having  
10    been married, all the estate that came to the deceased child by inheritance  
11    from the deceased parent descends in equal shares to the other children of  
12    the same parent, and to the issue of any other children who may have died,  
13    by right of representation.
- 14    **Sec. 20.** NRS 134.090 is hereby amended to read as follows:  
15    134.090 If the decedent leaves no surviving spouse ~~+~~ *or reciprocal*  
16    *beneficiary*, but there is a child or children, the estate, if there is only one  
17    child, all goes to that child. If there is more than one child, the estate goes  
18    to all the children of the decedent, to share and share alike.
- 19    **Sec. 21.** NRS 134.100 is hereby amended to read as follows:  
20    134.100 If the decedent leaves no surviving spouse ~~+~~ *or reciprocal*  
21    *beneficiary*, but there is a child or children and the lawful issue of a child  
22    or children, the estate goes to the child or children and lawful issue of the  
23    child or children by right of representation as follows:  
24    1. To the child or children, each a share ; and ~~+~~  
25    2. To the lawful issue of each deceased child, by right of  
26    representation, the same share that the parent would have received if the  
27    parent had been living at the time of the death of the decedent.
- 28    **Sec. 22.** NRS 134.110 is hereby amended to read as follows:  
29    134.110 If the decedent leaves no surviving spouse ~~+~~ *or reciprocal*  
30    *beneficiary*, or child or children, but there is the lawful issue of a child or  
31    children, all the estate descends and must be distributed to the lawful issue  
32    of the child or children by right of representation, and this rule applies to  
33    the lawful issue of all such children, and to the lawful issue ad infinitum.
- 34    **Sec. 23.** NRS 134.120 is hereby amended to read as follows:  
35    134.120 If the decedent leaves no surviving spouse , *reciprocal*  
36    *beneficiary* or kindred, the estate escheats to the state for educational  
37    purposes.
- 38    **Sec. 24.** NRS 217.160 is hereby amended to read as follows:  
39    217.160 The compensation officer may order the payment of  
40    compensation:  
41    1. To or for the benefit of the victim;  
42    2. If the victim has suffered personal injury, to any person responsible  
43    for the maintenance of the victim who has suffered pecuniary loss or  
44    incurred expenses as a result of the injury;  
45    3. If the victim dies, to or for the benefit of any one or more of the  
46    dependents of the victim; or  
47    4. To a member of the victim's household or immediate family for  
48    psychological counseling for emotional trauma suffered by the member as



1 a result of the crime of murder as defined in NRS 200.010. As used in this  
2 subsection:

3 (a) "Household" means an association of persons who live in the same  
4 home or dwelling and who:

5 (1) Have significant personal ties to the victim; or

6 (2) Are related by blood, adoption or marriage, within the first degree  
7 of consanguinity or affinity.

8 (b) "Immediate family" means persons who are related by blood,  
9 adoption or marriage, within the first degree of consanguinity or affinity.

10 *The term includes a reciprocal beneficiary.*

11 **Sec. 25.** Chapter 287 is hereby amended by adding thereto a new  
12 section to read as follows:

13 *If the governing body of any county, school district, municipal*  
14 *corporation, political subdivision, public corporation or other public*  
15 *agency of the State of Nevada offers to its officers and employees, and to*  
16 *such dependents of those officers and employees as may elect to*  
17 *participate, group insurance pursuant to NRS 287.010, the governing*  
18 *body may:*

19 *1. At its discretion; or*

20 *2. Pursuant to a collective bargaining agreement,*  
21 *extend such coverage to include reciprocal beneficiaries of those officers*  
22 *and employees.*

23 **Sec. 26.** NRS 287.040 is hereby amended to read as follows:

24 287.040 The provisions of NRS 287.010 to 287.040, inclusive, *and*  
25 *section 25 of this act* do not make it compulsory upon any governing body  
26 of any county, school district, municipal corporation, political subdivision,  
27 public corporation or other public agency of the State of Nevada to, except  
28 as otherwise provided in NRS 287.021, make any contributions for the  
29 payment of any premiums or other costs for group insurance or medical or  
30 hospital services, or upon any officer or employee of any county, school  
31 district, municipal corporation, political subdivision, public corporation or  
32 other public agency of this state to accept or join any plan of group  
33 insurance or to assign his wages or salary or to authorize deductions from  
34 his wages or salary in payment of premiums or contributions therefor.

35 **Sec. 27.** NRS 449.710 is hereby amended to read as follows:

36 449.710 Every patient of a medical facility, facility for the dependent  
37 or home for individual residential care has the right to:

38 1. Receive information concerning any other medical or educational  
39 facility or facility for the dependent associated with the facility at which he  
40 is a patient which relates to his care.

41 2. Obtain information concerning the professional qualifications or  
42 associations of the persons who are treating him.

43 3. Receive the name of the person responsible for coordinating his care  
44 in the facility or home.

45 4. Be advised if the facility in which he is a patient proposes to  
46 perform experiments on patients which affect his own care or treatment.

47 5. Receive from his physician a complete and current description of his  
48 diagnosis, plan for treatment and prognosis in terms which he is able to



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1 understand. If it is not medically advisable to give this information to the  
2 patient, the physician shall:

3 (a) Provide the information to an appropriate person responsible for the  
4 patient; and

5 (b) Inform that person that he shall not disclose the information to the  
6 patient.

7 6. Receive from his physician the information necessary for him to  
8 give his informed consent to a procedure or treatment. Except in an  
9 emergency, this information must not be limited to a specific procedure or  
10 treatment and must include:

11 (a) A description of the significant medical risks involved;

12 (b) Any information on alternatives to the treatment or procedure if he  
13 requests that information;

14 (c) The name of the person responsible for the procedure or treatment;  
15 and

16 (d) The costs likely to be incurred for the treatment or procedure and  
17 any alternative treatment or procedure.

18 7. Examine the bill for his care and receive an explanation of the bill,  
19 whether or not he is personally responsible for payment of the bill.

20 8. Know the regulations of the facility or home concerning his conduct  
21 at the facility or home.

22 *9. Receive, within reasonable restrictions as to time and place,*  
23 *visitors of his choosing, including, without limitation, friends, family*  
24 *members and his reciprocal beneficiary, if any.*

25 **Sec. 28.** NRS 449.820 is hereby amended to read as follows:

26 449.820 1. Except as otherwise provided in subsection 2, a principal  
27 may not name as attorney in fact in a power of attorney:

28 (a) His provider of health care;

29 (b) An employee of his provider of health care;

30 (c) An operator of a health care facility; or

31 (d) An employee of a health care facility.

32 2. A principal may name as attorney in fact any person identified in  
33 subsection 1 if that person is the spouse, *reciprocal beneficiary*, legal  
34 guardian or next of kin of the principal.

35 **Sec. 29.** NRS 449.830 is hereby amended to read as follows:

36 449.830 The form of a power of attorney for a disabled principal must  
37 be substantially as follows:

38  
39 DURABLE POWER OF ATTORNEY  
40 FOR HEALTH CARE DECISIONS

41  
42 WARNING TO PERSON EXECUTING THIS DOCUMENT

43  
44 THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A  
45 DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE  
46 EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE  
47 IMPORTANT FACTS:

48 1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS  
49 YOUR ATTORNEY-IN-FACT THE POWER TO MAKE HEALTH



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1 CARE DECISIONS FOR YOU. THIS POWER IS SUBJECT TO ANY  
2 LIMITATIONS OR STATEMENT OF YOUR DESIRES THAT YOU  
3 INCLUDE IN THIS DOCUMENT. THE POWER TO MAKE HEALTH  
4 CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL  
5 OF CONSENT, OR WITHDRAWAL OF CONSENT TO ANY CARE,  
6 TREATMENT, SERVICE, OR PROCEDURE TO MAINTAIN,  
7 DIAGNOSE, OR TREAT A PHYSICAL OR MENTAL CONDITION.  
8 YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF  
9 TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

10 2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A  
11 DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN  
12 THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR  
13 DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

14 3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS  
15 DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO  
16 MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE  
17 POWER TO CONSENT TO YOUR DOCTOR NOT GIVING  
18 TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP  
19 YOU ALIVE.

20 4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS  
21 DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM  
22 THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE  
23 UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF,  
24 THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN  
25 YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR  
26 YOURSELF.

27 5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE  
28 RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE  
29 DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE  
30 INFORMED CONSENT WITH RESPECT TO THE PARTICULAR  
31 DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO  
32 YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY  
33 TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

34 6. YOU HAVE THE RIGHT TO REVOKE THE APPOINTMENT  
35 OF THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE  
36 HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THAT  
37 PERSON OF THE REVOCATION ORALLY OR IN WRITING.

38 7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY  
39 GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT  
40 TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING  
41 THE TREATING PHYSICIAN, HOSPITAL, OR OTHER PROVIDER  
42 OF HEALTH CARE ORALLY OR IN WRITING.

43 8. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE  
44 HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO  
45 EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO  
46 THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS  
47 DOCUMENT.

48 9. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER  
49 OF ATTORNEY FOR HEALTH CARE.



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1 10. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU  
2 DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO  
3 EXPLAIN IT TO YOU.

4  
5 1. DESIGNATION OF HEALTH CARE AGENT.

6 I, .....  
7 (insert your name) do hereby designate and appoint:

8  
9 Name: .....  
10 Address: .....  
11 Telephone Number: .....

12  
13 as my attorney-in-fact to make health care decisions for me as authorized  
14 in this document.

15 (Insert the name and address of the person you wish to designate as your  
16 attorney-in-fact to make health care decisions for you. Unless the person is  
17 also your spouse, *reciprocal beneficiary*, legal guardian or the person most  
18 closely related to you by blood, none of the following may be designated as  
19 your attorney-in-fact: (1) your treating provider of health care, (2) an  
20 employee of your treating provider of health care, (3) an operator of a  
21 health care facility, or (4) an employee of an operator of a health care  
22 facility.)

23 2. CREATION OF DURABLE POWER OF ATTORNEY FOR  
24 HEALTH CARE.

25 By this document I intend to create a durable power of attorney by  
26 appointing the person designated above to make health care decisions for  
27 me. This power of attorney shall not be affected by my subsequent  
28 incapacity.

29 3. GENERAL STATEMENT OF AUTHORITY GRANTED.

30 In the event that I am incapable of giving informed consent with respect  
31 to health care decisions, I hereby grant to the attorney-in-fact named above  
32 full power and authority to make health care decisions for me before, or  
33 after my death, including: consent, refusal of consent, or withdrawal of  
34 consent to any care, treatment, service, or procedure to maintain, diagnose,  
35 or treat a physical or mental condition, subject only to the limitations and  
36 special provisions, if any, set forth in paragraph 4 or 6.

37 4. SPECIAL PROVISIONS AND LIMITATIONS.

38 (Your attorney-in-fact is not permitted to consent to any of the  
39 following: commitment to or placement in a mental health treatment  
40 facility, convulsive treatment, psychosurgery, sterilization, or abortion. If  
41 there are any other types of treatment or placement that you do not want  
42 your attorney-in-fact's authority to give consent for or other restrictions  
43 you wish to place on his or her attorney-in-fact's authority, you should list  
44 them in the space below. If you do not write any limitations, your attorney-  
45 in-fact will have the broad powers to make health care decisions on your  
46 behalf which are set forth in paragraph 3, except to the extent that there are  
47 limits provided by law.)



1 In exercising the authority under this durable power of attorney for  
2 health care, the authority of my attorney-in-fact is subject to the following  
3 special provisions and limitations:  
4 .....  
5 .....  
6 .....  
7 .....

8 5. DURATION.

9 I understand that this power of attorney will exist indefinitely from the  
10 date I execute this document unless I establish a shorter time. If I am  
11 unable to make health care decisions for myself when this power of  
12 attorney expires, the authority I have granted my attorney-in-fact will  
13 continue to exist until the time when I become able to make health care  
14 decisions for myself.

15  
16 (IF APPLICABLE)

17 I wish to have this power of attorney end on the  
18 following date: .....

19 6. STATEMENT OF DESIRES.

20 (With respect to decisions to withhold or withdraw life-sustaining  
21 treatment, your attorney-in-fact must make health care decisions that are  
22 consistent with your known desires. You can, but are not required to,  
23 indicate your desires below. If your desires are unknown, your attorney-in-  
24 fact has the duty to act in your best interests; and, under some  
25 circumstances, a judicial proceeding may be necessary so that a court can  
26 determine the health care decision that is in your best interests. If you wish  
27 to indicate your desires, you may INITIAL the statement or statements that  
28 reflect your desires and/or write your own statements in the space below.)  
29

30 (If the statement  
31 reflects your desires,  
32 initial the box next to  
33 the statement.)  
34

35 1. I desire that my life be prolonged to the  
36 greatest extent possible, without regard to my  
37 condition, the chances I have for recovery or long-  
38 term survival, or the cost of the procedures. [.....]

39 2. If I am in a coma which my doctors have  
40 reasonably concluded is irreversible, I desire that  
41 life-sustaining or prolonging treatments not be used.  
42 (Also should utilize provisions of NRS 449.535 to [.....]  
43 449.690, inclusive, if this subparagraph is initialed.)

44 3. If I have an incurable or terminal condition or  
45 illness and no reasonable hope of long-term recovery  
46 or survival, I desire that life-sustaining or prolonging  
47 treatments not be used. (Also should utilize  
48 provisions of NRS 449.535 to 449.690, inclusive, if  
49 this subparagraph is initialed.) [.....]



1 4. Withholding or withdrawal of artificial  
2 nutrition and hydration may result in death by  
3 starvation or dehydration. I want to receive or  
4 continue receiving artificial nutrition and hydration  
5 by way of the gastro-intestinal tract after all other  
6 treatment is withheld. [.....]

7 5. I do not desire treatment to be provided  
8 and/or continued if the burdens of the treatment  
9 outweigh the expected benefits. My attorney-in-fact  
10 is to consider the relief of suffering, the preservation  
11 or restoration of functioning, and the quality as well  
12 as the extent of the possible extension of my life. [.....]

13  
14 (If you wish to change your answer, you may do so by drawing an "X"  
15 through the answer you do not want, and circling the answer you prefer.)

16 Other or Additional Statements of Desires:.....  
17 .....  
18 .....  
19 .....  
20 .....  
21 .....

22 7. DESIGNATION OF ALTERNATE ATTORNEY-IN-FACT.

23 (You are not required to designate any alternative attorney-in-fact but  
24 you may do so. Any alternative attorney-in-fact you designate will be able  
25 to make the same health care decisions as the attorney-in-fact designated in  
26 paragraph 1, page 2, in the event that he or she is unable or unwilling to act  
27 as your attorney-in-fact. Also, if the attorney-in-fact designated in  
28 paragraph 1 is your spouse ~~+~~ or reciprocal beneficiary, his or her  
29 designation as your attorney-in-fact is automatically revoked by law if your  
30 marriage is dissolved ~~+~~ or your reciprocal beneficiary relationship is  
31 terminated.)

32 If the person designated in paragraph 1 as my attorney-in-fact is unable  
33 to make health care decisions for me, then I designate the following  
34 persons to serve as my attorney-in-fact to make health care decisions for  
35 me as authorized in this document, such persons to serve in the order listed  
36 below:

37  
38 A. First Alternative Attorney-in-fact  
39 Name: .....  
40 Address: .....  
41 .....  
42 Telephone Number: .....

43  
44 B. Second Alternative Attorney-in-fact  
45 Name: .....  
46 Address: .....  
47 .....  
48 Telephone Number: .....



8. PRIOR DESIGNATIONS REVOKED. I revoke any prior durable power of attorney for health care.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Health care on  
.....(date) at ..... (city),  
..... (state)

.....  
(Signature)

(THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO ARE PERSONALLY KNOWN TO YOU AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada .....}  
County of.....} ss.

On this ..... day of ....., in the year ..., before me, ..... (here insert name of notary public) personally appeared ..... (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL

.....  
(Signature of Notary Public)

STATEMENT OF WITNESSES

(You should carefully read and follow this witnessing procedure. This document will not be valid unless you comply with the witnessing procedure. If you elect to use witnesses instead of having this document notarized you must use two qualified adult witnesses. None of the following may be used as a witness: (1) a person you designate as the attorney-in-fact, (2) a provider of health care, (3) an employee of a provider of health care, (4) the operator of a health care facility, (5) an employee of an operator of a health care facility. At least one of the



1 witnesses must make the additional declaration set out following the place  
2 where the witnesses sign.)

3 I declare under penalty of perjury that the principal is personally known  
4 to me, that the principal signed or acknowledged this durable power of  
5 attorney in my presence, that the principal appears to be of sound mind and  
6 under no duress, fraud, or undue influence, that I am not the person  
7 appointed as attorney-in-fact by this document, and that I am not a provider  
8 of health care, an employee of a provider of health care, the operator of a  
9 community care facility, nor an employee of an operator of a health care  
10 facility.

11  
12 Signature: ..... Residence Address: .....  
13 Print Name: .....  
14 Date: .....  
15

16 Signature: ..... Residence Address: .....  
17 Print Name: .....  
18 Date: .....  
19

20 (AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN  
21 THE FOLLOWING DECLARATION.)  
22

23 I declare under penalty of perjury that I am not related to the principal  
24 by blood, marriage, or adoption, and to the best of my knowledge I am not  
25 entitled to any part of the estate of the principal upon the death of the  
26 principal under a will now existing or by operation of law.

27  
28 Signature: .....  
29

30 Signature: .....  
31

32 .....  
33 Names: ..... Address: .....  
34 Print Name: .....  
35 Date: .....  
36

37 COPIES: You should retain an executed copy of this document and give  
38 one to your attorney-in-fact. The power of attorney should be available so a  
39 copy may be given to your providers of health care.

40 **Sec. 30.** NRS 449.860 is hereby amended to read as follows:

41 449.860 1. The principal may designate an alternate attorney in fact.

42 2. If a principal designates his spouse as the attorney in fact or as an  
43 alternate, that designation is automatically revoked if the principal and his  
44 spouse are divorced.

45 3. *If a principal designates his reciprocal beneficiary as the attorney*  
46 *in fact or as an alternate, that designation is automatically revoked if the*  
47 *reciprocal beneficiary relationship between the principal and his*  
48 *reciprocal beneficiary is terminated.*



1 4. An execution of a power of attorney automatically revokes any  
2 previous power of attorney.

3 ~~4-1~~ 5. A power of attorney remains valid indefinitely unless:

4 (a) The principal designates a shorter period for which it is to remain  
5 valid; or

6 (b) It is revoked.

7 ~~5-1~~ 6. If a power of attorney expires while the principal is unable to  
8 make decisions concerning health care, the power of attorney remains valid  
9 until the principal is again able to make such decisions.

10 **Sec. 31.** NRS 451.023 is hereby amended to read as follows:

11 451.023 The husband or wife of a minor child or the parent of an  
12 unmarried or otherwise unemancipated minor child ~~shall be~~ *is* primarily  
13 responsible for the decent burial or cremation of his or her spouse or such  
14 child within a reasonable time after death. *A person whose reciprocal*  
15 *beneficiary dies is, within a reasonable time after death, primarily*  
16 *responsible for the decent burial or cremation of the reciprocal*  
17 *beneficiary and related arrangements.*

18 **Sec. 32.** NRS 451.025 is hereby amended to read as follows:

19 451.025 If the governing body of any county, city or town within the  
20 State of Nevada must arrange for and order the decent burial of any person  
21 dying within such county, city or town, leaving a husband ~~for wife or~~ ,  
22 *wife*, parent *or reciprocal beneficiary* in whose custody such person  
23 remained at the time he or she died, which husband ~~for wife or~~ , *wife*,  
24 parent *or reciprocal beneficiary* is not indigent and not otherwise eligible  
25 for assistance as a poor person and expenses for a decent burial have been  
26 paid out of public funds pursuant to such an order, the county, city or town  
27 must be reimbursed for its expenses of burial of the dead body of such  
28 person by the husband, wife , ~~or~~ parent *or reciprocal beneficiary* charged  
29 by law with the duty of burial.

30 **Sec. 33.** NRS 451.557 is hereby amended to read as follows:

31 451.557 1. Any member of the following classes of persons, in the  
32 order of the priority listed, may make an anatomical gift of all or a part of  
33 the decedent's body for an authorized purpose, unless the decedent, at the  
34 time of death, has made an unrevoked refusal to make that anatomical gift:

35 (a) The spouse *or reciprocal beneficiary* of the decedent;

36 (b) An adult son or daughter of the decedent;

37 (c) Either parent of the decedent;

38 (d) An adult brother or sister of the decedent;

39 (e) A grandparent of the decedent; and

40 (f) A guardian of the person of the decedent at the time of  
41 death.

42 The legal procedure for authorization must be defined and established by  
43 the committee on anatomical dissection established by the University and  
44 Community College System of Nevada.

45 2. An anatomical gift may not be made by a person listed in subsection  
46 1 if:

47 (a) A person in a prior class is available at the time of death to make an  
48 anatomical gift;



1 (b) The person proposing to make an anatomical gift knows of a refusal  
2 or contrary indications by the decedent; or

3 (c) The person proposing to make an anatomical gift knows of an  
4 objection to making an anatomical gift by a member of the person's class  
5 or a prior class.

6 3. An anatomical gift by a person authorized under subsection 1 must  
7 be made by:

8 (a) A document of gift signed by him; or

9 (b) His telegraphic, recorded telephonic or other recorded message, or  
10 other form of communication from him that is contemporaneously reduced  
11 to writing and signed by the recipient.

12 4. An anatomical gift by a person authorized under subsection 1 may  
13 be revoked by any member of the same or a prior class if, before  
14 procedures have begun for the removal of a part from the body of the  
15 decedent, the physician, technician or enucleator removing the part knows  
16 of the revocation.

17 5. A failure to make an anatomical gift under subsection 1 is not an  
18 objection to the making of an anatomical gift.

19 **Sec. 34.** NRS 451.650 is hereby amended to read as follows:

20 451.650 1. The following persons, in the following order of priority,  
21 may order the cremation of human remains of a deceased person:

22 (a) The surviving spouse ~~or~~ *or reciprocal beneficiary;*

23 (b) A majority of the adult children;

24 (c) The living parents jointly; or

25 (d) The decedent's guardian or personal representative.

26 2. If the deceased person was an indigent or other person for the final  
27 disposition of whose remains a county or the state is responsible, the  
28 appropriate public officer may order cremation of the remains and provide  
29 for the respectful disposition of the cremated remains.

30 3. If the deceased person donated his body for scientific research or,  
31 before his death, a medical facility was made responsible for his final  
32 disposition, a representative of the scientific institution or medical facility  
33 may order cremation of his remains.

34 4. A living person may order the cremation of human remains removed  
35 from his body or the cremation of his body after his death. In the latter  
36 case, any person acting pursuant to his instructions is an authorized agent.

37 **Sec. 35.** Chapter 613 of NRS is hereby amended by adding thereto a  
38 new section to read as follows:

39 *If an employer grants leave with pay, leave without pay, or leave*  
40 *without loss of seniority to his employees to care for a spouse, child or*  
41 *parent of the employee when the spouse, child or parent has a serious*  
42 *health condition, it is an unlawful employment practice for the employer*  
43 *to fail or refuse to extend the same benefits to an employee whose*  
44 *reciprocal beneficiary has a serious health condition.*

45 **Sec. 36.** NRS 613.310 is hereby amended to read as follows:

46 613.310 As used in NRS 613.310 to 613.435, inclusive, *and section 35*  
47 *of this act*, unless the context otherwise requires:



\* A B 4 9 6 \*

- 1 1. “Disability” means, with respect to a person:
  - 2 (a) A physical or mental impairment that substantially limits one or
  - 3 more of the major life activities of the person;
  - 4 (b) A record of such an impairment; or
  - 5 (c) Being regarded as having such an impairment.
- 6 2. “Employer” means any person who has 15 or more employees for
- 7 each working day in each of 20 or more calendar weeks in the current or
- 8 preceding calendar year, but does not include:
  - 9 (a) The United States or any corporation wholly owned by the United
  - 10 States.
  - 11 (b) Any Indian tribe.
  - 12 (c) Any private membership club exempt from taxation pursuant to 26
  - 13 U.S.C. § 501(c).
- 14 3. “Employment agency” means any person regularly undertaking with
- 15 or without compensation to procure employees for an employer or to
- 16 procure for employees opportunities to work for an employer, but does not
- 17 include any agency of the United States.
- 18 4. “Labor organization” means any organization of any kind, or any
- 19 agency or employee representation committee or plan, in which employees
- 20 participate and which exists for the purpose, in whole or in part, of dealing
- 21 with employers concerning grievances, labor disputes, wages, rates of pay,
- 22 hours of employment or other conditions of employment.
- 23 5. “Person” includes the State of Nevada and any of its political
- 24 subdivisions.
- 25 6. “Sexual orientation” means having or being perceived as having an
- 26 orientation for heterosexuality, homosexuality or bisexuality.

