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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF PIERCE**

**In the Guardianship of:** ) **Case No.:**  
)  
) **DESIGNATION OF IN-STATE AGENT**  
)  
) Clerk's code: **(DSGISA)**  
\_\_\_\_\_, )  
An Incapacitated Person.)  
\_\_\_\_\_)

The duly appointed Guardian of and the above captioned Guardianship hereby designates the following individual to serve as my in-state agent should service of process be necessary:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** home: \_\_\_\_\_  
cell: \_\_\_\_\_  
work: \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

Both the below named Guardian and the designated in-state agent as set forth above, understand that the position of designated in-state agent cannot be resigned or forfeited without seeking prior court approval.

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

1 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON**  
2 **THAT THE FOREGOING IS TRUE AND CORRECT.**

3 Signed at \_\_\_\_\_, Washington this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.

4  
5 \_\_\_\_\_  
6 **Signature of Guardian**

\_\_\_\_\_ **Printed Name**

7 \_\_\_\_\_  
8 **Address**

\_\_\_\_\_ **Telephone/Fax Number**

9 \_\_\_\_\_  
10 **City, State, Zip Code**

\_\_\_\_\_ **Email Address**

11 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON**  
12 **THAT THE FOREGOING IS TRUE AND CORRECT.**

13 Signed at \_\_\_\_\_, Washington this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.

14  
15 \_\_\_\_\_  
16 **Signature Designated In-State Agent**

\_\_\_\_\_ **Printed Name**

17 \_\_\_\_\_  
18 **Address**

\_\_\_\_\_ **Telephone/Fax Number**

19 \_\_\_\_\_  
20 **City, State, Zip Code**

\_\_\_\_\_ **Email Address**