

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

In the Guardianship of:) **Case No.:**
)
) **DESIGNATION OF STANDBY**
) **GUARDIAN**
)
_____,) **Clerk's code: (DSGSBG)**
An Incapacitated Person.)
_____)

DESIGNATION OF STANDBY GUARDIAN:

The Guardian for the Person and/or Estate named above designates the following to serve as Standby Guardian:

Name: _____
Address: _____
Phone: _____
Email Address: _____
Relationship to Incapacitated Person: _____

The above named individual is over the age of eighteen, of sound mind, and has never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.

///
///
///

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 of Guardian**

7 _____
8 **Address**

_____ **Telephone/Fax Number**

9 _____
10 **City, State, Zip Code**

_____ **Email Address**

11 **ACCEPTANCE:**

12 I _____, acknowledge and accept the designation as
13 Standby Guardian in this matter.

14 I certify that I am over the age of eighteen, of sound mind, and never been convicted of a felony or a
15 misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any
16 proceeding for cause.

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

19 Signed at _____, Washington this ____ day of _____ 200__.

20 _____
21 **Signature**

_____ **Printed Name**

22 _____
23 **Address**

_____ **Telephone/Fax Number**

24 _____
25 **City, State, Zip Code**

_____ **Email Address**