IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
| --- | --- | --- |
|  In the Guardianship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,An Incapacitated Person.  | )))))) | Case No.: OATH OF GUARDIANRCW 11.88.100(OA) |

 Being first duty sworn upon oath, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly swear that:

 I have been appointed [ ] Full [ ] Limited Guardian of the Person and

[ ] Full [ ] Limited Guardian of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*the Incapacitated Person*).

 I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

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

 Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_200\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature  |  | Printed Name  |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |