1				
2				
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4				
5				
6 7	IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF KING			
8	In the Guardianship of: ) Case No.:			
9	DESIGNATION OF IN-STATE AGENT			
10	)			
11	An Incapacitated Person. (DES)			
12	COMES NOW(name), the duly appointed Guardian of			
13	, and hereby designates: to serve as my in-state agent			
14	should service of process be necessary. The contact information of the in-state agent is as			
15	follows:			
16	Address:			
17				
18	Telephone: (home) (cell)			
19	(work) E-mail:			
20				
21				
22				
23				
24				
25				
26				

DESIGNATION OF IN-STATE AGENT- 1 12/2005 REVISED GUARDIANSHIP FORMS

1	Both	as Guardian and	as designated in-		
2	state agent, understand the position of designated in-state agent cannot be resigned or				
3	forfeited without a prior order from the court.				
4					
5	I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.				
6	Signed at	, Washington,	,200		
7					
8	Signature of Guardian	Printed Name			
9	Address	Telephone/Fax Nu	ımher		
10	Address	reteptione/r ax ivu	imoci		
11	City, State, Zip Code	Email Address			
12					
13	I DECLARE UNDER PE	ENALTY OF PERIURY UND	ER THE LAWS OF THE		
14	I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.				
15	Signed at	, Washington,			
16					
17	G. 1 D. 1 II G. 1	D' ( 1N			
18	Signature Designated In-State Agent	Printed Name			
19					
20	Address	Telephone/Fax Nu	ımber		
21	City, State, Zip Code	Email Address			
22	City, State, Zip Code	Linan Address			
23					
24					
25					
26					
	DESIGNATION OF IN-STATE AGENT- 2 12/2005 REVISED GUARDIANSHIP FORMS				