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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
)
) DESIGNATION OF IN-STATE
) AGENT
)
) (DES)
)
An Incapacitated Person.)

COMES NOW _____(name), the duly appointed Guardian of
_____, and hereby designates: _____ to serve as my in-state agent
should service of process be necessary. The contact information of the in-state agent is as
follows:

Address: _____

Telephone: (home) _____
(cell) _____
(work) _____
E-mail: _____

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Both _____ as Guardian and _____ as designated in-state agent, understand the position of designated in-state agent cannot be resigned or forfeited without a prior order from the court.

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 of Guardian

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

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 Designated In-State Agent

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address