

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

In the Guardianship of: _____) Case No.:
)
) DESIGNATION OF STANDBY
) GUARDIAN RCW 11.88.125
)
) (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: _____

This 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.

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

Signed at _____, Washington, _____, ____ 20 ____.

Signature of Guardian

Printed Name of Guardian

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

ACCEPTANCE

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

I certify that I am over the age of eighteen, of sound mind, and 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.

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

Signed at _____, Washington, _____, ____ 20 ____.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address