

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
26

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

In the Guardianship of: _____) Case No.: _____
)
) CONSENT OF PARENT TO
) APPOINTMENT OF GUARDIANS
)
An Alleged Incapacitated Person.) (CON)

The undersigned declares as follows:

1. I am the mother/father of _____.
2. I have received a copy of the Petition for Appointment of Guardian, the Order Appointing Guardian ad Litem and the Notice of Hearing in the above-captioned matter.
3. I hereby consent to the appointment of as guardian(s) of the person and estate of _____.
4. I am not a member of an Indian tribe or an Alaskan Native.

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