IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
| --- | --- | --- |
| In the Guardianship of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,An Alleged Incapacitated Person. | ))))))) | Case No.: CONSENT OF MINOR TOAPPOINTMENT OF GUARDIAN(S)(CON) |

The undersigned declares as follows:

1. I am a minor, fourteen years of age or older.

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 the guardian(s) of my person and estate.

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 |