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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.: \_\_\_\_\_  
)  
) CONSENT OF MINOR TO  
) APPOINTMENT OF GUARDIAN(S)  
)  
) (CON)  
An Alleged Incapacitated Person. \_\_\_\_\_)

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