

**SUPERIOR COURT OF WASHINGTON
IN AND FOR SNOHOMISH COUNTY**

In the Guardianship of:

an Incapacitated Person.

CASE NO. _____

**NOTICE OF
DESIGNATION OF STANDBY GUARDIAN**

GR 4 11-06

COME(S) NOW, _____ Guardian(s) of
_____, and, pursuant to RCW 11.88.125

herewith designates: _____

Address: _____

City, State, Zip: _____

Phone: () _____

as Standby Guardian(s), to assume the duties and responsibilities of guardianship, pursuant to RCW 11.88, and RCW 11.92, in the event of the death or incapacity of the undersigned, or to consent to medical care per RCW 11.92.043(5). I/we revoke any previous designations of other person(s) to so act.

Dated: _____ GUARDIAN(S): _____
Signature(s)

ACCEPTANCE BY DESIGNATED STANDBY GUARDIAN(S)

I/we acknowledge and accept the designation of Standby Guardian(s) in this matter.

Dated : _____ Signature(s) : _____

IMPORTANT NOTICE TO GUARDIAN(S)

Please have Standby Guardian(s) sign above and read and follow the instructions on the second page of this form and sign under penalty of perjury that you have complied before filing this with the court.

IMPORTANT NOTICE TO GUARDIAN

In Accordance with RCW 11.88.125, copies of the completed form are to be filed with the court and also given to: Standby Guardian(s); Incapacitated Person, and his/her Spouse and Adult Children; Care Facility; and any others entitled to special notice in accordance with RCW 11.92.150. Please indicate below names and addresses of the persons given copies of this notice; as follows:

The undersigned Guardian(s), under penalty of perjury as defined by the laws of the State of Washington, declares that he/she has given to the below-named copies of this Notice, by U.S. Mail, postage prepaid or by personal delivery on or before the date stated below on the following persons:

Standby Guardian(s)
Appointed herein: _____

Previous Standby
Guardian(s), if any. _____

Spouse of ward if any: _____

Facility where ward resides: _____

And the following named adult children of the ward, if any, and/or persons entitled to special notice of proceedings, if any. (Add names, etc. on attachment if space insufficient.)

Name: _____
Address: _____
City, State, Zip: _____

Name: _____
Address: _____
City, State, Zip: _____

Name: _____
Address: _____
City, State, Zip: _____

Signed at _____, Washington

Dated (mm/dd/yyyy): _____

GUARDIAN(S): _____
Signature(s)