

**Superior Court of Washington
County of**

In the Guardianship of:

_____,
Incapacitated Person

No.

**Designation of Standby
Guardian
RCW 11.88.125
(DSGSBG)**

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: _____

Relationship to Incapacitated Person: _____

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 certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature of Guardian

Print Name of Guardian

WSBA CPG#

Address

City, State, Zip Code

*Telephone/Fax Number

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 certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Print Name

WSBA CPG#

Address: _____

City, State, Zip Code: _____

*Telephone/Fax Number: _____ Email Address: _____

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**