

**Superior Court of Washington  
County of**

In the Guardianship of:

\_\_\_\_\_,  
Incapacitated Person

No. \_\_\_\_\_

**Designation of and Consent by  
In-State (Resident) Agent  
(APRSAG)**

Not being a resident of the State of Washington, I designate the following person, a resident of the above county and whose mailing address is shown below, as my resident agent for service of process in these proceedings:

Agent's Name:

Agent's Mailing Address

City, State, Zip:

\*Phone Number(s):                      Business \_\_\_\_\_ Personal \_\_\_\_\_

**\*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.**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Petitioner    Guardian    WSBA  CPG#

I consent to so serve.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Agent's Name, Designee