Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Oath of Guardian** **RCW 11.88.100** **(OA)**

Being first duty sworn upon oath, I_____ solemnly swear that:

1. I have been appointed:
   [☐] Full [☐] Limited Guardian of the Person and
   [☐] Full [☐] Limited Guardian of the Estate of_____(the Incapacitated Person).

2. I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

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)_____

_____ _____ [☐]WSBA [☐]CPG#
Signature of Guardian Print Name of Guardian

_____ _____
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.