IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KITSAP

IN THE MATTER OF THE GUARDIANSHIP OF

NO._____

_____
Incapacitated Person

OATH
LETTERS OF GUARDIANSHIP
(OA) (LTRGDN)

_____ having been by order of the Superior Court, heretofore made and entered, appointed _____Guardian____ of the [ ] person and [ ] estate of said _____ and Letters of Guardianship having been directed to be issued to _____ upon taking the oath, and [ ] filing a bond required by law, and the said bond having been so given and approved by the Court, and said oath having been duly taken and filed:

BE IT KNOWN, and the said _____has/have now qualified as the____Guardian__ of the [ ] person and [ ] estate of said _____.

WITNESS, the Hon._____, Judge/Commissioner of the said Superior Court, and the seal of said Court hereto affixed this _____ day of _____, A.D._____.

DAVID W. PETERSON, Clerk of the Superior Court

By_____, Deputy

STATE OF WASHINGTON)
)
COUNTY OF KITSAP)

OATH

The undersigned, being first duly sworn, on oath deposes and states: I am the individual who has petitioned to be appointed guardian and I solemnly swear that upon my appointment I will perform according to law the duties of my trust.

_____, Guardian

SUBSCRIBED and sworn to (or affirmed) before me on this _____ day of _____, A.D._____.

Notary Public in and for the State of Washington, residing in _____ County. My commission expires _____.

STATE OF WASHINGTON)
)
COUNTY OF KITSAP)

CERTIFICATE

I, **DAVID W. PETERSON**, Clerk of the Superior Court of said County and State do hereby certify that the above and foregoing is a true and correct copy of **Letters of Guardianship** in the above-entitled case, and were on the of _____, A.D._____, duly entered of record; and I further certify said Letters are still in full force and effect and have not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this _____ day of _____, A.D. _____.

DAVID W. PETERSON, Clerk of the Superior Court

By_____, Deputy