

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

CASE NO: \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Name of Incapacitated Person

**OATH AND ACCEPTANCE OF INDIVIDUAL GUARDIAN**

1. I accept the appointment as guardian of the:

- Person,
- Estate,
- Person and Estate

of \_\_\_\_\_, Incapacitated Person.

2. I will faithfully discharge the duties of my trust as such Guardian.

I affirm under the penalties for perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_ County, State of  
Indiana, personally appeared \_\_\_\_\_, and he/she having been first duly sworn upon  
his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_