

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: _____