

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
 THIRD JUDICIAL DISTRICT
 Probate Department**

In the Matter of the Guardianship of: _____)
) Case No. _____
)
) **AFFIDAVIT IN SUPPORT OF**
) **MOTION FOR PAYMENT OF**
 _____) **ROOM AND BOARD**
 A Protected Person.)

STATE OF OREGON)
) ss.
 County of Marion)

I hereby swear or affirm that:

1. I am the Guardian in this matter.
2. The Protected Person lives with me in my (and/or my spouse's) dwelling located at:
 _____.
3. The total per MONTH expenses associated with the household are as follows:

| | |
|--|----------|
| <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage | \$ _____ |
| <input type="checkbox"/> There is no rent/mortgage. The assessed value is: | \$ _____ |
| Insurance, property taxes: | \$ _____ |
| Utilities (water/sewer, electricity, gas, trash): | \$ _____ |
| Food for household: | \$ _____ |
| Other: _____ | \$ _____ |
4. The monthly room and board expense I am requesting for housing the Protected Person is: \$ _____.
5. I am requesting to deduct the amount in paragraph (4) out of the Protected Person's

estate on a monthly basis beginning on: _____ (date) and continuing on the same date each month for as long as the Protected Person is living with me at the above address.

- 6. I have attached additional documents that support my request for room and board. *(For example, this may include documentation from the Social Security Administration or the Veteran's Administration approving the requested room and board amount.)*
- 7. I make this Affidavit in support of my Motion to Allow Payment for Room and Board.

Signature of Guardian

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20_____.

Deputy Court Administrator/Notary Public
My Commission Expires: _____

Submitted by:

Name Bar No. (if any)

Address

City, State, Zip

Telephone

E-mail Fax

I certify this is a true copy:

Signature