

NOMINATION OF GUARDIAN

In the event my ability to respond to people, events and environments becomes impaired to such an extent that I lack the capacity to meet the essential requirements for my health, care, safety, habilitation or therapeutic needs without the assistance or protection of a guardian, I nominate:

_____ to serve as my guardian(s).

Dated: _____

NOMINATION NAME OF PERSON MAKING THE

Subscribed and sworn to before me on _____

(SEAL)

Notary Public-South Dakota
My Commission Expires: _____