

**Superior Court of Washington  
County of**

In the Guardianship of:

\_\_\_\_\_,  
Incapacitated Person

**No.**

**Oath of Guardian  
RCW 11.88.100  
(OA)**

Being first duty sworn upon oath, I \_\_\_\_\_ solemnly swear that:

1. I have been appointed:  
 Full  Limited Guardian of the Person and  
 Full  Limited Guardian of the Estate of \_\_\_\_\_ (the Incapacitated Person).
2. I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

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

\_\_\_\_\_  
Print Name of Guardian [ ]WSBA [ ]CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
\*Telephone/Fax Number

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

**If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**