

**Superior Court of Washington
County of**

In the Guardianship of:

_____,
Incapacitated Person

No.

**Designation of and Consent by
In-State (Resident) Agent
(APRSAG)**

Not being a resident of the State of Washington, I designate the following person, a resident of the above county and whose mailing address is shown below, as my resident agent for service of process in these proceedings:

Agent's Name: _____

Agent's Mailing Address _____

City, State, Zip: _____

*Phone Number(s): Business _____ Personal _____

***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.**

Dated: _____

Signed: _____
[] Petitioner [] Guardian [] WSBA [] CPG#

I consent to so serve.

Dated: _____

Signed: _____
Agent's Name, Designee