

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/Conservatorship of:

No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent / Minors

**Acceptance of Appointment of  
Guardian / Conservator  
(ACPAP)**

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**Acceptance of Appointment of Guardian / Conservator**

1. I have been appointed:  
 Full  Limited Guardian and/or  
 Full  Limited Conservator of (Name) \_\_\_\_\_
2. I accept this appointment and I will perform duties as Guardian and/or Conservator according to law. I understand that the duties of a Guardian and/or Conservator are described in Chapters 11.130 of the Revised Code of Washington (RCW).

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided are true.

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*WSBA or CPG No:*