

Name: _____
Address: _____

Daytime Telephone: _____
Representing Self, without a Lawyer

For Clerk's Use Only

**IN THE SUPERIOR COURT OF ARIZONA
YAVAPAI COUNTY**

In the Matter of the Guardianship of: _____ 1300GC _____

**LETTERS OF APPOINTMENT
AS GUARDIAN AND
ACCEPTANCE OF APPOINTMENT**

GUARDIANSHIP OF AN ADULT

_____ an Adult. Limited
 General

1. **Pursuant to** the Court's Order Appointing Guardian(s), _____ is (are) hereby appointed as Limited General Guardian(s) of the person of _____, an Adult. (ward), born on _____.

2. **Reason for Appointment.** The above-captioned adult is an incapacitated person.

3. **Length of Appointment.**
 Until further Order of the Court.
 Until _____.

4. **GENERAL GUARDIANSHIP ONLY.** The General Guardian(s) shall not exercise the following powers without prior Order of this Court: (List restrictions if any):

_____.

5. **LIMITED GUARDIANSHIP ONLY.** The Limited Guardian(s) shall exercise only the following powers relative to the ward:

- | | |
|--|---|
| <input type="checkbox"/> Execute contracts | <input type="checkbox"/> Sue and be sued |
| <input type="checkbox"/> Manage assets | <input type="checkbox"/> Apply for government benefits |
| <input type="checkbox"/> Manage property | <input type="checkbox"/> Consent for medical/counseling treatment |
| <input type="checkbox"/> Travel decisions | <input type="checkbox"/> Lending money |
| <input type="checkbox"/> Borrowing money | <input type="checkbox"/> Paying bills and collecting debts |
| <input type="checkbox"/> Manage a business | <input type="checkbox"/> Make educational decisions |
| <input type="checkbox"/> Determine daily dress and routine | <input type="checkbox"/> Shop for food |
| <input type="checkbox"/> Shop for necessities | <input type="checkbox"/> Maintain credit card |
| <input type="checkbox"/> Convey property | <input type="checkbox"/> Surrender/purchase insurance |

- Revoke power of attorney, DNR or other advance directives
- Provide financial support to: _____
- Other: _____

WITNESS: _____, 20_____.

Donna McQuality
CLERK OF THE SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF APPOINTMENT BY GUARDIAN(S)

STATE OF ARIZONA)
County of _____) ss.

I (we) hereby accept the duties of LIMITED GENERAL GUARDIAN of the person of the above-named adult, and do solemnly swear that I (we) will perform, according to law, the duties of such guardianship.

Date

Signature of Guardian

Date

Signature of Guardian

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

My Commission Expires:

Notary Public

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

My Commission Expires:

Notary Public