



Certified Professional Guardianship Board Acceptance of Designated CPG

I understand that I am responsible for the actions of _____
(Agency Name)

and any other designated CPGs of the Agency or any employees of the agency. This includes, at a minimum, ensuring that a calendaring system is in place to facilitate the timely performance of agency duties and that the proper supervision of agency employees is provided.

I declare under penalty of perjury under the laws of the state of Washington the foregoing information is true and correct.

Dated this _____ day of _____, 20 _____

Printed Name

CPG #

Signature

Place signed (city, state)

Agency Affirmation

I am the _____ for _____
(Agency Title) (Agency Name)

and affirm that the above guardian is one of the agency's designated CPGs with final decision-making authority for incapacitated persons or their estate on behalf of the agency.

I declare under penalty of perjury under the laws of the state of Washington the foregoing information is true and correct.

Dated this _____ day of _____, 20 _____

Printed Name

CPGA #

Signature

Place signed (city, state)