SURROGATE’S COURT OF THE STATE OF NEW YORK

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proceeding for the Appointment of a

Guardian for

**CONSENT, OATH AND**

**DESIGNATION**

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

Pursuant to SCPA Article 17-A

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STATE OF NEW YORK )

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ss.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says: I am an adult competent person and I do hereby consent to the relief requested in the petition and my appointment as

[ ] standby guardian [ ] first alternate standby guardian [ ] second alternate standby guardian

of the [ ] person

[ ] property

[ ] person and property

[ ] limited guardianship of the property

of the above-named Respondent and I waive the issuance and service of process upon me herein. I will make an application for confirmation in accordance with SCPA 1757 and will be subject to a formal hearing if the Respondent is eighteen years of age or over. I agree that upon the death, incapacity, renunciation or removal of the last guardian who has been designated to serve prior to me, I will immediately assume the duties of guardian

of the [ ] person

[ ] property

[ ] person and property

[ ] limited guardianship of the property

and will seek to have this Court confirm my appointment within (180) days of my assumption of duties.

1. OATH OF [ ] STANDBY GUARDIAN [ ] FIRST ALTERNATE STANDBY GUARDIAN [ ] SECOND ALTERNATE STANDBY GUARDIAN: I am over eighteen (18) years of age and a citizen of the United States; that I will well, faithfully and honestly discharge the duties of

[ ] standby guardian [ ] first alternate standby guardian [ ] second alternate standby guardian

of the [ ] person

[ ] property

[ ] person and property

[ ] limited guardianship of the property

of the above named Respondent, that I am acquainted with the estate of the Respondent; and that I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogates Court of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogates Court may be made, in like manner and with like effect as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence used.

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My permanent address is : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City/Town/Village) (State) (Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Proposed Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name)

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, before me personally came

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

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