Full Name of Party Filing this Document	
Mailing Address (Street or Post Office Box)	
City, State, and Zip Code	
Telephone Number	
Email Address (if any)	
IN THE DISTRICT COURT OF THE	JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR TI	HE COUNTY OF
In the Matter of	Case No.:
	ACCEPTANCE OF APPOINTMENT BY
DOB:	GUARDIAN
a Minor.	
Luill perform the duties and discharge the re	
minor. I submit personally to the jurisdiction of the	sponsibilities of guardian for the above named nis Court in any proceeding relating to the minor
or his/her estate that may be instituted by an inte	
Probate Code.	
CERTIFICATION UNDER	PENALTY OF PERJURY
I certify under penalty of perjury pursuant to the I	aw of the State of Idaho that the foregoing is
true and correct.	
Date:	Signature
	-
Typed/Printed Name	