STATE	OF NO	RTH DAK	ОТА	IN DISTRICT COURT
COUN	ITY OF _			JUDICIAL DISTRICT
IN TH	E MAT	TER OF TH	IE GUAR	DIANSHIP OF
		Α	CHILD E	BECOMING AN INCAPACITATED INDIVIDUAL
			Ca	se No
				TERS OF GUARDIANSHIP (Confidential)
Name	of Wa	rd:		
Addre	ess:			
	I/We	accept the	e duties	of guardian/co-guardians of the Ward and will perform these
duties	accord	ling to lav	٧.	
	Dated	1		·
				
				Guardian Signature
				Guarulan Signature
				Co-Guardian Signature
To:				
	of gua	rdian/co-	guardia	ns:
Addre		i dilari, co	goran ana	
Telep				
1.		istrict cou	ırt annai	nts the guardian(s) listed above to be the guardian(s) of the
			п с арроі	into the guardian(s) listed above to be the guardian(s) of the
	ited Wa			
2.		-	•	ians shall have the degree of authority indicated below to make
decisi	ons for	the Ward	in the f	ollowing areas:
	<u>Full</u>	<u>Limited</u>	<u>None</u>	
				Place of Residence
				Education and/or training
				Legal matters
				Vocation Financial matters
				Financial matters Medical treatment
		_		
				Access to and control of safety deposit box and contents

If the	e guardian's/co-guardians' authorit	ry as specified above is limited, the limitations are as
follo	ws:	
3.	If co-guardians are appointed, t	he signature of one co-guardian:
☐is s	sufficient to authorize any matter.	
☐is ı	not sufficient authorization.	
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4.	These Letters take effect	, the day the Ward turns 18
	s old, and expire	
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