## **Declaration of Appointment of Guardian for** My Children in the Event of My Death or Incapacity

I, Parent's Name, make this Declaration to appoint the guardian for my child, Child's Name, in the event of my death or incapacity.

I designate First Choice Guardian as guardian of the person of my child, Next choice as first alternate guardian of the person of my child, and Second Choice as second alternate guardian of the person of my child.

I designate First Choice as guardian of the estate of my child, Next Choice as first alternate guardian of the estate of my child, and Second Choice as second alternate guardian of the estate of my child.

If any guardian or alternate guardian dies, does not qualify, or resigns, the next named alternate guardian becomes guardian of my child.

Signed:		_, 20				
I, Parent's N	Name, sign my			•	of 1 pages s instrument as r	
Declaration of	Appointment of					-
Incapacity, that	I sign it willingly,	that I execute it	as my free an	d voluntary a	act for the purpos	ses
therein express constraint or ur	ed, and that I am adue influence.	eighteen years o	of age or olde	r, of sound n	nind, and under	no
		Dor	ent's Name			

## **ACKNOWLEDGMENT OF WITNESSES**

We declare under penalty of perjury under the laws of the State of California that on the day and year written above, Parent's Name, published and declared this instrument to be her Declaration of Appointment of Guardian for Children in the Event of Death or Incapacity, that she signed this instrument in our presence, that each of us, in her presence and at her request, and in the presence of each other, have signed our names as attesting witnesses. We also declare that each of us is now more than eighteen years of age and a competent witness.

We also declare that at the time of our attestation of this instrument, Parent's Name was, to our best knowledge and belief, of sound mind and memory, eighteen years of age or older and under no duress, menace, fraud, misrepresentation, constraint or undue influence.							
Executed on	_, 20	_ in the Notary county, Notary state.					

\_\_\_\_\_, Witness

\_\_\_\_\_, Witness