

State of Minnesota

District Court
Probate Division

County of _____

Judicial District: _____

Court File No. _____

Case Type: 14, Conservatorship

In Re: Guardianship

Conservatorship of

Acceptance of Appointment By:

Individual

Corporation

BY INDIVIDUAL:

I, _____ (name), the appointed Guardian,
 Conservator, of the above named ward or protected person, verify that I have watched the Guardianship/Conservatorship Educational video and understand the duties and responsibilities of the role for which I am being appointed. I hereby accept my appointment and do solemnly swear that I will fully and faithfully perform all the duties of such office according to law and that I submit to the jurisdiction of the Court in any proceeding relating to this ward or protected person that may be instituted by the court or any person interested in the affairs of the ward or protected person. So help me God.

Dated: _____, 20__

Sworn/affirmed before me this

_____.

Notary Public \ Deputy Court Administrator

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

BY CORPORATION:

_____ (“Corporation”) is a corporation under the Laws of the State of Minnesota. As a condition to receiving letters as Guardian, Conservator, the Corporation (1) accepts the duties of such office, (2) agrees to be bound by Minnesota law relating to guardians and conservators, (3) submits to the jurisdiction of the Court in any proceeding relating to this ward or protected person that may be instituted by the court or any person interested in the affairs of the ward or protected person, and (4) employees of the corporation directly responsible for carrying out the duties and responsibilities of a guardian and/or conservator have watched the Guardianship/Conservatorship Educational Video and understand the duties and responsibilities of the role of guardian and/or conservator.

The Corporation has authorized this acceptance to be signed in the corporate name.

Dated: _____, 20__

Sworn/affirmed before me this

Notary Public \ Deputy Court Administrator

BY: _____

ITS: _____

Address: _____

City/State/Zip: _____

Telephone: _____