STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN INCAPACITATED INDIVIDUAL

Case No. _____

LETTERS OF GUARDIANSHIP

Name of Ward:

Address:

I/We accept the duties of guardian/co-guardians of the ward and will perform these duties according to law.

Dated ______.

Guardian

Co-Guardian

To:

Name of guardian/co-guardians:

Address:

Telephone:

The district court appointed this/these guardian/co-guardians to be the successor guardian/co-guardians of the indicated ward.

The guardian/co-guardians shall have the degree of authority indicated below to make decisions for the ward in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
			Place of Residence
			Education and/or training
			Legal matters
			Vocation
			Financial matters
			Medical treatment
			Access to and control of safety deposit box and contents

If the guardian's/co-guardians' authority as specified above is limited, the limitations are as follows:

(*If co-guardians add this language:*) The signature of one co-guardian \Box is \Box is not sufficient to authorize any matter.

These Letters take effect immediately and expire ______.

BY THE COURT:

Judge of the District Court Judicial Referee of the District Court