

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE ESTATE OF

_____.

Case No. _____

AFFIDAVIT OF GUARDIAN APPOINTED IN A WILL (TESTAMENTARY)

I, _____, state the following:

1. I am the individual who has accepted appointment as testamentary guardian of
_____ (*minor's name*), the minor.

2. I filed acceptance of the appointment as testamentary guardian with this court on
_____ (*date*).

3. (*Choose one.*)

I have not been investigated for offenses related to theft, fraud, or the abuse, neglect, or exploitation of an adult or child and shall provide a release authorizing access to any record information maintained by an agency in this or another state or a federal agency.

I have been investigated in the following state(s) for offenses related to theft, fraud, or the abuse, neglect, or exploitation of an adult or child. I shall provide a release authorizing access to any record information maintained by an agency in this or another state or a federal agency. _____

_____ (*List state(s)*)

4. A copy of my criminal history record check report is attached.

5. I hereby authorize the release to this court or its designee any record information maintained by a federal agency, an agency of North Dakota, or an agency of another state kept in connection with an investigation of me for offenses related to the abuse, neglect or exploitation of an adult or child, or theft or fraud. This consent is executed voluntarily and without duress or obligation on the date below.

6. I understand that, as a testamentary guardian, I have an ongoing duty to notify the court if I am charged with a criminal offense related to fraud, theft, or the abuse, neglect or exploitation of an adult or child or if there is a substantiated instance of abuse, neglect, or exploitation of an adult or child against me.

7. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Guardian Appointed in a Will is true and correct.

STATE OF _____)
 COUNTY OF _____) ss.
 COUNTRY OF _____)

Signed on this ____ day of _____, 20____.

 Signature

 Printed Name

 Address

 City, State, Zip Code

Telephone Number: _____

Email Address: _____