<u>NOMINATION OF GUARDIAN</u> IN THE EVENT OF DEATH OR INCAPACITY

	I/We,_	of		,
have		_ minor child(ren), whose name is/are:		
			("Minor Chil	ldren").

I/We am/are the Legal Guardian and am the onl	ly biolog	gical parent named on William's birth
certificate. I nominate	t	to be Guardian of the person of my
minor children,	If	dies,
does not qualify, fails to serve, ceases to serve, or is unv	willing c	or unable to serve for any reason, then
I nominate	_, to be	the first alternate Guardian.

Any person who serves as Guardian to my Minor Children understands my wishes as indicated:

I direct that the Guardian named herein serve without the requirement of bond or other security. The provisions contained herein shall revoke any prior nominations made by me, and they shall apply if the need to nominate a Guardian arises following my death or if I become incapacitated.

Executed on this _____ day of _____, 2020, at _____,

.

_____, Declarant

, Declarant

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WITNESS STATEMENTS TO ______'S NOMINATION OF GUARDIAN

On the date written below, the Declarant(s), _________ declared to us, the undersigned, that this instrument was the Declarant's Nomination of Guardian and asked us to witness it. We understand that this instrument is the Declarant's Nomination of Guardian. The Declarant then signed this Nomination of Guardian in our presence, all of us being present at the same time. At the Declarant's request, in the Declarant's presence, and in the presence of one another, we subscribe our names as witnesses. We believe the Declarant is over age 18, is of sound mind and memory, and to the best of our knowledge, this Nomination of Guardian was not procured by duress, menace, fraud or undue influence.

Each of us is now age 18 or older, is a competent witness, and resides at the address set forth below. We declare under penalty of perjury that the foregoing is true and correct and that this Declaration was executed on this _____ day of _____, 2020, at

,

Signature:	First Witness:
Print Name: Address:	
Signature:	Second Witness:
Print Name: Address:	