

**DECLARATION NAMING PRE-NEED GUARDIAN**

I, \_\_\_\_\_, presently residing in Alachua County hereby make the following declaration naming pre-need guardian to serve in the event of my future incapacity:

If I am at any time determined to be an incapacitated person, as that term is defined in the Florida Guardianship Law as it now exists or may hereafter be amended, I declare that my \_\_\_\_\_ (relationship), \_\_\_\_\_ (name), serve as plenary guardian of my person and property, to exercise all delegable legal rights and powers and to perform all tasks necessary to care for my person and property or estate. If at any time \_\_\_\_\_, is unable to serve, I declare my \_\_\_\_\_ (relationship), \_\_\_\_\_ (name), to serve as plenary guardian of my person and property, to exercise all delegable legal rights and powers and to perform all tasks necessary to care for my person and property or estate.

I further declare that it is my intent and desire that the above-named person be appointed to serve in such capacity, without bond, by the Court having appropriate jurisdiction.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Declarant Signature

\_\_\_\_\_  
Declarant (Print Name)

This declaration was signed by the above-named declarant in our joint presence, and at the declarant's request we have signed our names as attesting witnesses in the declarant's presence and in the presence of each other this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Address)