

GUARDIANSHIP WILL

State of: _____ County of: _____

DECLARANT INFORMATION:

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____

APPOINTMENT OF GUARDIAN:

I, the undersigned, appoint as Guardian of my minor children:

Full Name: _____

Relationship to Declarant: _____

Address: _____

If such person is unable or unwilling to act as Guardian, I appoint as alternate Guardian:

Full Name: _____

Relationship to Declarant: _____

Address: _____

GUARDIAN POWERS AND DUTIES:

The Guardian shall have the authority to care for, nurture, educate, and make legal decisions on behalf of my minor children. The Guardian shall act in the best interests of the children, manage their personal and medical affairs, and handle any necessary legal actions related to their custody and welfare.

SUCCESSOR GUARDIAN:

If the Guardian and alternate Guardian are both unable or unwilling to serve, I appoint the following person as Successor Guardian:

Full Name: _____

Relationship to Declarant: _____

Address: _____

NOMINATION OF CONSERVATOR:

In the event a conservator is needed for my minor children, I nominate the Guardian appointed herein to serve in such capacity.

STATEMENT OF INTENT:

It is my intention that this document shall be legally binding and enforceable under the laws of the United States and the State of this document's execution. This Guardianship Will supersedes any prior nominations or wills relating to the

guardianship of my minor children.

REVOCAION OF PRIOR DOCUMENTS:

I hereby revoke any and all prior Guardianship Wills or similar nominations made by me concerning the guardianship of my minor children.

SEVERABILITY:

If any provision of this Guardianship Will is determined to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

GOVERNING LAW:

This Guardianship Will shall be governed by and construed in accordance with the laws of the State of _____ without regard to its conflicts of laws principles.

SIGNATURES:

Declarant: _____

Witness 1 Name: _____

Witness 1 Signature: _____

Witness 2 Name: _____

Witness 2 Signature: _____

Notary Public: _____

My Commission Expires: _____

DECLARANT SIGNATURE

WITNESS 1 SIGNATURE

WITNESS 2 SIGNATURE

Signature: _____ Signature: _____ Signature: _____

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