IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT

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

PROBATE DIVISION

In the Matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward/Protectee

**DESIGNATION OF RESIDENT AGENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desiring to serve as guardian of the above-named person, pursuant to Section 475.055, Laws 1983 hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as my agent for service of process upon me within the State of Missouri concerning said matter.

The undersigned swears that the matters set forth in the foregoing document are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian/Conservator

**ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been appointed pursuant to section 475.055, Laws 1983, to act as agent for service of process on and receipt of notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within the State of Missouri, concerning the above matter, hereby acknowledge such appointment and consent to act as such agent and I will accept all service of process brought against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, within the State of Missouri.

The undersigned swears that the matters set forth in the foregoing document are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Resident Agent