

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION**

No. _____

Matter of _____, incapacitated/disabled/minor.

DESIGNATION OF RESIDENT AGENT

I, _____ residing at _____
_____, State of _____,
desiring to serve as Guardian-Conservator of the above named incapacitated/disabled person/minor
pursuant to Section 475.055 RSMo., hereby appoint _____, as my
agent for service of process upon me and for the receipt of all notices to me within the State of Missouri
concerning said estate.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND
THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR
DECLARATION.

Date: _____

Signature

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

I, _____, residing at _____
_____, Missouri, telephone number _____, having been appointed
pursuant to Section 475.055 RSMo., to act as agent for service of process on and receipt of notice to ____
_____ within the State of Missouri, concerning the above estate, hereby
acknowledge such appointment and consent to act as such agent.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND
THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR
DECLARATION.

Date: _____

Resident Agent

