**ACCEPTANCE OF RESIDENT REPRESENTATIVE DESIGNATION**

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RESIDENT'S REPRESENTATIVE DESIGNATION, DESIGNATING THE UNDERSIGNED AS THE RESIDENT'S REPRESENTATIVE UNDER INDIANA CODE § 32-31-1-23, AND HEREBY PROVIDE MANAGEMENT WRITTEN NOTICE OF MY ACCEPTANCE OF APPOINTMENT AND HEREBY ACKNOWLEDGE MY AUTHORITY AS RESIDENT'S REPRESENTATIVE TERMINATES WHEN EITHER I OR MANAGEMENT KNOW THAT:**

1. A personal representative has been appointed for the deceased Resident's estate;
2. A Resident's attorney is in fact acting on the living Resident's behalf;
3. A guardian has been appointed for the living incapacitated Resident's property.

**Accepted by Signature:** _____

**Printed Name:** _____

**Date:** _____

**INVENTORY OF PROPERTY REMOVED**