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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF KING

In the Guardianship of: \_\_\_\_\_ ) Case No.: \_\_\_\_\_  
 )  
 ) DECLARATION OF SERVICE  
 )  
 ) (AFSR)  
 )  
An Alleged Incapacitated Person. \_\_\_\_\_ )

The undersigned declares as follows:

1. I am over the age of 18 years, and I am not a party to this action.  
2. I served \_\_\_\_\_, (*Name of AIP*) in person, copies of the Petition for Guardianship, Order Appointing Guardian ad Litem and Notice to Alleged Incapacitated Person.

3. The date, time and place of service were:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Address: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at \_\_\_\_\_, Washington, \_\_\_\_\_, \_\_\_\_200\_\_.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code Email Address