

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

IN RE THE GUARDIANSHIP OF

\_\_\_\_\_  
Incapacitated Person

NO.

NOTICE OF LOSS OF VOTING RIGHTS  
(Proposed SCOMIS Code: NTLVR)

**(CLERK'S ACTION REQUIRED – send  
notice to County Auditor)**

On \_\_\_\_\_, this matter came before the court. Pursuant to Laws of Washington RCW 11.88.010, it has been determined that the individual named in this notice lacks the capacity to understand the nature and effect of voting such that she or he cannot make an individual choice and should not retain the right to vote.

Accordingly, the court has appointed a guardian and has revoked the right to vote.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Filing Party

\_\_\_\_\_  
Printed Name/WSBA#

\_\_\_\_\_  
Address

I hereby certify that I personally mailed the above notice to the Auditor of the county in which the incapacitated person resides on \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk, \_\_\_\_\_ County Superior Court