IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
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| In the Guardianship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,An Incapacitated Person.  | ))))))) | Case No.: DECLARATION OF GUARDIAN:ASSETS HELD IN FINANCIAL INSTITUTIONS(DCLR) |

 The Guardian of the Estate of the person named above makes the following declaration pursuant to the provisions of RCW 11.92.096:

1. Cause Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The Guardian was appointed by order entered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The Incapacitated Person’s name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. The number of each account holding the assets of Incapacitated Person and the number of the Safety Deposit Box, if any, in the Incapacitated Person’s name are:

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Deposit Box Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of Client or Depositor. The Incapacitated client of depositor has the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name and Address of Guardian to be provided assets or access to Assets: \_\_\_\_\_\_\_\_\_
3. The Description of and the Value of the assets, or, where the value cannot be readily ascertained, a reasonable estimate thereof is as follows, and the Guardian receives delivery or control of each asset solely in its capacity as Guardian.
4. The date the Guardian assumed control over the assets was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. A true and correct copy of the Letters of Guardianship duly issued by a Court to the Guardian is attached to this declaration.

 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\_\_.

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| --- | --- | --- |
|  |  |  |
| Signature  |  | Printed Name  |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |

**Important information for the person completing this form:**

**DELIVERY OF ASSETS TO GUARDIAN**

All financial institutions as defined in RCW 30.22.040 (12), all insurance companies holding a certificate of authority under chapter 48.05 RCW, or any agent who constitutes a salesperson or broker dealer of securities under the definitions of RCW 21.20.005 (hereafter individually and collectively referenced as “institution”) shall provide the Guardian access and control over the asset(s) described in (a)(vii) of RCW 11.92.096, including but not limited to delivery of the asset to the Guardian, upon receipt of the affidavit as outlined therein.

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