IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
| --- | --- | --- |
|  In the Guardianship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,An Incapacitated Person. | ))))))) | Case No.: NOTICE OF DEATH OF INCAPACITATED PERSON(NTDTH) (**CLERK’S ACTION REQUIRED)** |

 The Guardian hereby notifies the Court and interested parties that the above-named Incapacitated Person died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*date of death)* in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,(*location of death)* Washington. At the time of death, the Incapacitated Person was \_\_\_\_\_ years of age, and was receiving custodial care at \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 The Guardian will file and present to the Court and interested parties a Final Report and Accounting within 90 days of the death, as required by State law.

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

 Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_20\_\_.

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