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.:  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 |