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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.: _____
_____,)
) NOTICE OF DEATH OF
) INCAPACITATED PERSON
)
An Incapacitated Person.) (NT)
_____) **(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__.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address