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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 CHANGE OF
) ADDRESS FOR
) [] Incapacitated Person (NT)
) [] Guardian (NT)
) [] Attorney (NTACA)
) [] Other Interested Party (NT)
)
 An Incapacitated Person.) **(CLERK'S ACTION REQUIRED)**

The following individual's address has changed, and the **Clerk of the Court is requested to enter the same into the Court records.:**

Incapacitated Person. The Incapacitated Person's new address and phone number are as follows: _____

Guardian. The Guardian's new address and phone number are: _____

Attorney. The attorney representing _____ has a new address and phone number: _____.

Other Interested Party. _____, an interested party in this Guardianship proceeding has a new address and phone number: _____

Date of Notice: _____

1 Effective Date of Notice, if different from above: _____

2 Signature of Person Giving Notice: _____

3 Printed Name of Person Giving Notice: _____

4 **DECLARATION OF MAILING**

5 I declare under penalty of perjury, according to the laws of Washington State, that on
6 the date written below, I mailed a true and correct copy of this document with first class
7 postage prepared to the persons and addresses listed below:

8 Signed at _____, Washington this ____ Day of _____, 200__

9 _____
10 Signature

_____ Printed Name

11 _____
Address

_____ Telephone/Fax Number

12 _____
13 City, State, Zip Code

_____ Email Address

14 **INDIVIDUALS ENTITLED TO NOTICE**

15 Name: _____ Name: _____

16 Address: _____ Address: _____

17 City, State, Zip: _____ City, State, Zip: _____

18 Name: _____ Name: _____

19 Address: _____ Address: _____

20 City, State, Zip: _____ City, State, Zip: _____