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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.: \_\_\_\_\_  
\_\_\_\_\_, )  
 ) RECEIPT FOR PAYMENT OF  
 ) ATTORNEY'S FEES  
 )  
An Incapacitated Person. \_\_\_\_\_ ) (RCP)

I acknowledge receipt in the amount of \$\_\_\_\_\_ from the Guardianship Estate. This amount is in full payment and satisfaction of attorney fees and costs approved by the Court by order entered on \_\_\_\_\_.

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\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address