

IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF _____

In the Guardianship/Trust of _____)
_____)
_____)
_____)
_____)
_____)

Case No. _____

DECLARATION OF PROPOSED
TRUSTEE (DCLR)

I am a duly authorized representative of the proposed trustee (hereafter, "Trustee"), and hereby certify under penalty of perjury under the laws of the State of Washington that the following information and the exhibits attached hereto are true and correct as of the date stated below.

1. Identification of Trustee.

Name of Trustee: _____ WSBA/CPG #: _____
Name under which the Trustee does business, if different: _____
Mailing address of Trustee: _____
Street address, if different: _____
City/State/Zip Code: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____ Social Sec./Tax ID #: _____

NOTE: BROCHURES AND OTHER PRINTED MATERIALS MAY BE ATTACHED AS EXHIBITS.

2. License and Certification Status.

- a) The Trustee is professionally licensed or certified in the State of Washington as: a _____ lawyer, _____ guardian, _____ trustee, or _____ other (identify: _____).

- b) The Trustee is licensed or certified in the State of _____ as: a _____ lawyer, _____ guardian, _____ trustee, or _____ other (identify: _____). The license or certification was issued by the Department of _____, and the Trustee's license or certification number in that state is _____.

c) Attached as **Exhibit A** to this Declaration is a summary listing of the educational programs pertaining to guardianships, trusts or fiduciary matters which the Trustee, its principals and employees have attended during the past twelve (12) months.

3. Business Form.

a) The Trustee does business as a: _____ sole proprietorship, _____ partnership, _____ bank, _____ trust company, _____ corporation, _____ non-profit corporation, _____ limited liability company, _____ other (identify: _____).

b) The Trustee commenced doing trust business in Washington State on the following date: _____. The Trustee has been engaged in the specific activity for which the license and/or certification was issued for _____ years.

c) No license or certification held by the Trustee or any of its principals or employees has ever been suspended, or revoked, nor has any of them been subject to disciplinary proceedings or sanctions, except as is described on attached **Exhibit B** to this Declaration.

d) No actions for discipline, suspension or revocation are now pending against the Trustee or any of its principals and employees, except as is described on attached **Exhibit C** to this Declaration.

e) The Trustee _____ is or _____ is not supervised by an agency of Washington State or the federal government (other than taxing authorities). The name, address and telephone number of the department or office having responsibility for supervising the Trustee is: _____

f) The name, address and telephone number of the member of the Trustee's staff, if any, who is responsible for keeping the Trustee informed of changes in the laws, regulations and issues pertaining to Special Needs Trusts is: _____
Business address and phone: _____

g) The number of Special Needs Trusts currently administered by the Trustee is _____

4. Identification of Principals of Trustee. Attached as **Exhibit D** to this Declaration is a listing of the name of each officer and member of the Board of Directors; and each owner, partner or member of limited liability company holding a 5% or greater interest in the Trustee.

5. Information Pertaining to this Trust.

a) The names and proposed duties of Certified Professional Guardians in the employ of the Trustee who may have responsibilities in connection with this Trust are attached as **Exhibit E**.

b) Name of the person who will have overall/ultimate responsibility for supervising the administration of this Trust: _____

c) Estimated market value of this Trust's investment portfolio: \$ _____

d) Amount of surety bond the Trustee recommends for this Trust: \$ _____

e) Amount Trustee recommends be placed in blocked financial accounts: \$ _____

f) Estimated percent of assets of this Trust which will be invested in pooled or common trust fund financial accounts or proprietary (owned by Trustee or affiliate) securities is: _____%

g) Attached as **Exhibit F** to this Declaration is a description of all consanguinity or financial relationships, arrangements or contracts that exist between each of the listed persons or entities (or their principals) and the Trustee nominee. Describe the goods or services provided; the amount and nature of consideration given or received by the Trustee and/or the others; when each relationship, arrangement or contract began; and the known or estimated duration or termination date of each.

- I. Primary Beneficiary (Incapacitated or Disabled Person): _____
- II. Residual or Contingent Beneficiaries: _____
- III. Parents & Relatives of Beneficiary: _____
- IV. Guardian (or nominee): _____
- V. Co-trustee (or nominee): _____
- VI. Plaintiff Attorney & Law Firm: _____
- VII. Defense Attorney & Law Firm: _____
- VIII. Insurance Adjuster(s): _____
- IX. Insurance Company: _____
- X. Defendants: _____
- XI. Guardian Ad Litem to Prosecute Action: _____
- XII. Settlement Guardian Ad Litem: _____
- XIII. Attorney for Guardian Ad Litem: _____
- XIV. (Proposed) Drafter of the Trust: _____
- XV. Registered Representative (stock/securities dealer): _____
- XVI. Structured Settlement (Annuity) Broker: _____
- XVII. Trustee Nominees: _____
- XVIII. Mediator/Arbitrators of Claim or Case: _____
- XIX. Judge Assigned to Hear Trial: _____
- XX. Judge Assigned to Hear Settlement: _____

6. Protection of Trust Funds.

Amount of the Proposed Trustee's general surety bond, if any: \$ _____

Amount of capitalization as of the close of the Trustee's last fiscal year: \$ _____

Trustee's Errors & Omissions insurance policy limits: \$ _____

Total value of all Trust assets administered by Proposed Trustee: \$ _____

Total value of all Trust assets separately bonded or held in blocked accounts: \$ _____

Number of court supervised trusts (Special Needs Trusts and Settlement Trusts), which the Trustee (or the office or branch that will handle this Trust, if Trustee has more than one office) is administering at this time: _____

Percent of assets of all trusts administered by the Trustee which are invested in pooled or common financial accounts, funds or securities: _____%

Percent of assets of all trusts administered by the Trustee which are invested in proprietary securities or mutual funds owned or operated by the Trustee or an affiliate: _____%

7. Criminal Background Checks. A check mark placed in one of the following blanks indicates whether the Trustee conducts criminal background checks pursuant to RCW 43.43.832 on all principals, employees and volunteers who will or may have unsupervised access to the trust beneficiary: Trustee does _____ or does not _____ conduct background checks.

8. Criminal, Civil and Disciplinary Disclosures. Attached as **Exhibit G** is a description in detail for the Trustee and for each of its principals and employees of the circumstances pertaining to:

a) Their removal as a guardian, trustee or fiduciary based upon an alleged breach of fiduciary duty or for any other reason.

b) Criminal proceedings for a felony or misdemeanor involving moral turpitude resulting in a finding or a plea of guilty; an explanation of what responsibilities this person will have respecting the Trust; and what safeguards will be place to protect the Beneficiary and Trust.

c) Civil proceedings in which there was a finding of dishonesty, misappropriation of funds, breach of fiduciary, or mistreatment of any person (including identification of any civil proceedings wherein there was a settlement, even though such settlement may have been without specific findings of the court); any filing for relief under the U.S. Bankruptcy Code.

d) Reported disciplinary proceedings by a disciplinary body or licensing agency that resulted in a finding of misconduct (including proceedings by a professional organization, such as a state bar association, guardianship certification board, medical review board, etc.)

9. Bond/Insurance. Attached as **Exhibit H** to this Declaration is a description of the nature and extent of the Trustee's general insurance coverage available to provide protection in the event of financial loss or personal harm caused by the negligent or intentional conduct of the Trustee, its principals or employees and the names of the companies issuing the insurance or bond, the face amount of the bond and/or policy limits and deductibles are.

10. Compensation and Reimbursement. The Trustee's compensation schedule (including the different rates for various services) is attached as **Exhibit I** to this Declaration.

11. Experience. The Trustee's experience with similar guardianships or trusts (for example, similar amount of assets, disabilities or family circumstances of the beneficiary), the proximity of the Trustee's business location to the residence of the beneficiary and any other relevant information is attached as **Exhibit J** to this Declaration.

Date of Signature: _____, 20____

City/County in which signed: _____

Name of Proposed Trustee

Authorized Signature

Title of Person Signing

Printed Name of Person Signing

Table of Exhibits to Declaration

Exhibit A: Summary listing of the educational programs pertaining to guardianships, trusts or fiduciary matters which the Trustee, its principals and employees have attended during the past twelve (12) months.

Exhibit B: _____ Description and details concerning any occasion in which the license or certification held by the Trustee or any of its principals or employees has ever been suspended, or revoked, or in which any of them have been subject to disciplinary proceedings or sanctions.

OR: _____ There have been no such instances, hence Exhibit B is not included.

Exhibit C: _____ Description and details concerning any actions for discipline, suspension or revocation of any professional license or certification now pending against the Trustee or any of its principals and employees.

OR: _____ There are no such actions pending, hence Exhibit C is not included.

Exhibit D: Listing of the name of each officer and member of the Board of Directors; and each owner, partner or member of limited liability company holding a 5% or greater interest in the Trustee.

Exhibit E: The names and duties of Certified Professional Guardians in the employ of the Trustee who may have responsibilities in connection with this Trust.

OR: _____ There are no such persons, hence Exhibit E is not included.

Exhibit F: _____ Description of any financial or consanguinity relationship, which the Trustee or any of its principals or employees have with the Trust Beneficiary or persons in the categories identified in Section 6(f) above.

OR: _____ There are no such relationships, hence Exhibit F is not included.

Exhibit G: _____ Description in detail for the Trustee and for each of its principals and employees of the circumstances pertaining to Criminal and Disciplinary History.

OR: _____ There are no such incidents, hence Exhibit G is not included.

Exhibit H: Description of the nature and extent of the Trustee's insurance coverage generally available to provide protection in the event of financial loss or personal harm caused by the negligent or intentional conduct of the Trustee, its principals or employees, and the names of the companies issuing the insurance or bond, the face amount and/or policy limits and the deductibles of each such policy or bond.

Exhibit I: The Trustee's compensation schedule, including the different rates for various fiduciary services that may be performed by the Trustee in the course of a year.

Exhibit J: Trustee's experience with similar guardianships or trusts (for example, amount of assets, disabilities or family circumstances of the beneficiary), the proximity of the Trustee's business location to the residence of the beneficiary and any other relevant information.