Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Petition for Order Approving Guardian's Activities and Final Report (PTAPFR)**

I. Petition and Final Report

The Guardian petitions the Court for approval of this Final Report.

1.1 Guardianship History.

The undersigned was appointed [ ] Full [ ] Limited Guardian of the Person and/or [ ] Full [ ] Limited Guardian of the Estate on (date) _____. The Guardian's most recent report was approved on (date) _____; and it included all activities, income and disbursements through the date of _____.

1.2 Residence of Incapacitated Person:

Throughout this report period, the Incapacitated Person resided at (facility name, if applicable, and address) _____, in (city or county, and state) _____.

1.3 Circumstances for Final Order.

A. If Final Order is Due to Death of Incapacitated Person:

The Incapacitated Person died on (date) _____.

There [ ] is [ ] is not a Will.

[ ] The Guardian requests authority to transfer the remaining Guardianship estate assets to the duly appointed or confirmed Personal Representative of the Estate, upon receipt of a Notice of Appointment and Pendency of Probate or properly executed Affidavit of Successor.

[ ] The guardian requests authority under RCW 11.88.150 to administer the estate of the deceased Incapacitated Person.

B. If Final Order is Due to Determination of Capacity:

On (date) _____, the Court determined that the incapacity had terminated and that there was now capacity to manage the personal care and administration of assets. I was directed to transfer all Guardianship assets to the (formerly) Incapacitated Person.

C. If Final Order is Due to Removal or Resignation of Guardian:

On (date) _____, the court removed the Guardian or the Guardian resigned.. The Guardian requested authority to transfer the assets to the duly appointed Successor Guardian upon the issuance of letters of Guardianship to said Successor.

1.4 Care Plan

A report setting forth the medical, mental, and social information for the Incapacitated Person and describing the Guardian's activities from the conclusion of the last reporting period date: _____ until the [ ] restoration of capacity OR [ ] death of above-named Incapacitated Person [ ] removal or resignation of the Guardian is attached or filed under form GDN Sealed Confidential Guardianship Information Sheet.

1.5 Current Inventory

Attached is a list, with values, of the assets of the Incapacitated Person's estate as of the date of the last reporting period and as of the date of this petition.

1.6 Income and Disbursement

Attached is a list of the source and amounts of the income received, and the amounts and descriptions, including names of payees and reasons, of disbursements made from the date of the last reporting period to the date this petition was filed.

1.7 Liabilities

The Guardian requests approval to pay the following outstanding liabilities from the Guardianship estate.

Guardian's Fees and Costs	$
Attorney's Fees and Costs	$
Other:	$
Other:	$
Other:	$
Total Payments to be Authorized:	$

1.8 Bond, Blocked Accounts and Other Court-Ordered Protection

On the date this petition was filed, there was $_____ in unblocked accounts and $_____ in blocked financial accounts. The Guardianship bond issued by _____ identified by bond number _____, in the amount of $_____ (*enter $0, if there was no bond in effect*) should be exonerated

upon the filing of a receipt by the Personal Representative, Successor Guardian of Incapacitated Person, or the Incapacitated Person who has been restored to capacity.

1.9 [ ] Final Tax Return

There was income for which a tax return [ ] is OR [ ] is not required. The Guardian recommends that the final tax return and tax obligations be handled as follows: _____ _____.

II. Order

Wherefore the Guardian requests an order:

1.2 Approving the Guardian's Final Report and Accounting and the actions of the Guardian.

2.2 Discharging the Guardian, exonerating the Guardian's Bond upon filing a receipt by the:
[ ] Successor Guardian or
[ ] Personal Representative, and closing the guardianship.
[ ] previously Incapacitated Person; and closing the guardianship.

2.3 Authorizing the Guardian to transfer the remaining assets in Guardianship estate to the duly appointed or confirmed Personal Representative, Successor Guardian of the Incapacitated Person, or the previously Incapacitated Person.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

_____	_____	_____
Signature of Guardian	Print Name of Guardian	[ ]WSBA [ ]CPG#
_____	_____	
Address	City, State, Zip Code	
_____	_____	
*Telephone/Fax Number	Email Address	

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**