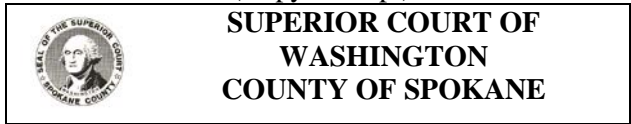


(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF
WASHINGTON
COUNTY OF SPOKANE**

In the Guardianship of:

Incapacitated Person

CASE NO. _____

NOTICE OF LOSS OF VOTING RIGHTS

**(CLERK'S ACTION REQUIRED – send
Notice to County Auditor)**

On _____, this matter came before the court. Pursuant to Laws of Washington RCW 11.88.010, it has been determined that the individual named in this notice lacks the capacity to understand the nature and effect of voting. The court has appointed a guardian and has revoked the right to vote.

Name: _____ Date of Birth: _____

Address: _____

SIGNED at _____, Washington this _____ day of _____, 20_____

Signature of Petitioner

Printed Name/WSBA/CPG#

Address

City, State, Zip Code

*Telephone/Fax Number

Email Address

***Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

I hereby certify that I personally mailed the above notice to the Auditor of the county in which the incapacitated person resides on _____.

Deputy Clerk, Spokane County Superior Court