


(Copy Receipt)

(Clerk's Date Stamp)

 <p><b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b></p>
<p>In the Guardianship of:</p> <p>_____</p> <p>An Incapacitated Person</p>

CASE NO. \_\_\_\_\_

PETITION FOR ORDER DIRECTING  
SALE OF REAL PROPERTY

COMES NOW the Guardian and Petitions the Court for an order directing sale of real property, as follows:

1. \_\_\_\_\_ was appointed Guardian on \_\_\_\_\_.

2. On \_\_\_\_\_ the Court entered an order authorizing the sale of real property legally described

as follows

as set forth in Exhibit A attached hereto and commonly described as \_\_\_\_\_.

The statutory process authorized by the Court is as follows:

public sale

private sale, using a real estate agent, if necessary

sale by negotiation

3. The Guardian has received an offer from \_\_\_\_\_ of \$ \_\_\_\_\_, which is within 90 percent of the appraised value. The offer was obtained

at public sale

- using the services of a real estate agent
- independently, without the services of a real estate agent.

A copy of the Purchase and Sale Agreement is attached hereto.

4. The Guardian believes it is in the best interests of the Incapacitated Person to accept the offer.

WHEREFORE, the Guardian requests an Order Directing Sale of the real property described hereinabove, under the terms set forth in the Purchase and Sale Agreement.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

_____ Signature of Guardian	_____ Printed Name of Guardian, 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.**