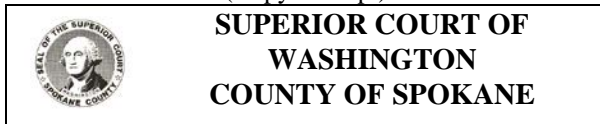


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

_____,
Name of Minor

CASE NO. _____

DECLARATION OF MAILING

(DCLRM)

_____, states as follows:

On _____, 20____, I caused to be delivered via U.S. Regular Mail, a copy of Notice of Filing a Declaration of Completion of Guardianship and Declaration of Completion of Guardianship for Minor to the following individual:

Name of Minor:

Street Address:

City, State, Zip:

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

DATED this _____ day of _____, 20_____.

Presented by:

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney,
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.**