

**Superior Court of Washington
County of _____**

In the Guardianship of:

_____,
Incapacitated Person

No. _____

**Declaration of Completion
(Guardianship of Minor)
RCW 11.88.140(2)
(DCLCMP)**

Declaration

1. Legal Age

The minor subject to this guardianship attained eighteen years of age on (date) _____.

2. Payment of Funds

The Guardian has paid or transferred all of the minor's assets in the Guardian's possession to the former minor, who has signed a receipt for all such accounts, funds, and assets. The receipt has been or will be filed with the court not later than the date this Declaration is filed.

3. Completion

The Guardian has completed the administration of the estate, and the Guardianship is ready to be closed.

4. Fees

The total amounts of fees paid to the Guardian, attorneys, and accountant are:

	Amount	Source of Payment
Guardian:	\$	
Attorneys:	\$	
Accountant:	\$	

5. Notice of Filing

The original of this Declaration of Completion is being filed with the court on (date) _____.

6. Finality

The Guardian believes that the fees paid are reasonable and does not intend to obtain court approval of the amount of the fees or to submit a Guardianship estate accounting to the court for approval.

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.**

Certificate of Mailing

I am eighteen (18) years of age or older. I am neither a party to nor interested in the above-entitled matter. I am competent to act as a witness herein.

On (date) _____, I deposited in the United States Mail, first-class, postage pre-paid, true and correct copies of this document to each of the individuals at the addresses listed on Exhibit A attached to this declaration.

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 Declarant
(NOT the Guardian and NOT the former minor)

Print Name of Declarant
(NOT the Guardian and NOT the former minor)

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.**