


(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>_____</p>

Case No.: \_\_\_\_\_

**ORDER SETTING HEARING ON  
PETITION TO SETTLE FINAL  
ACCOUNT**

The guardian has filed a petition to approve the final report pursuant to the termination of this guardianship. Notice shall be provided to all interested persons pursuant to RCW 11.88.040. Any person seeking to object to the final report may file their objections with the Clerk of the Court and provide a copy to the Guardianship Monitoring Program. They may also present their objections to the Court at \_\_\_\_\_ (time) on the Guardianship/Trust Calendar, Courtroom \_\_\_\_\_, West 1116 Broadway, Spokane, WA, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, which is the time set for the Court to review all objections.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

\_\_\_\_\_  
Signature of Petitioner/Attorney

\_\_\_\_\_  
Printed Name of Petitioner/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.

### Declaration of Mailing

I declare:

1. I am a competent person over the age of eighteen (18) years, a citizen of the United States, a resident of the State of Washington.
2. I caused to be served true and correct copies of the:

- Order Setting Final Hearing and Declaration of Mailing  
 Other: \_\_\_\_\_

on (date) \_\_\_\_\_ (time) \_\_\_\_\_ to the following individuals at the following address by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)  
 Regular 1<sup>st</sup> Class US Mail  
 Certified Mail, Return Receipt Requested  
 Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)  
 Regular 1<sup>st</sup> Class US Mail  
 Certified Mail, Return Receipt Requested  
 Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_

(Attach Return Receipt if service by certified mail.)

I 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

at (city) \_\_\_\_\_, (state) \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
Email Address