

**Superior Court of Washington  
County of \_\_\_\_\_**

In the Guardianship of:

\_\_\_\_\_  
Incapacitated Person

No. \_\_\_\_\_

**Notice of Death of  
Incapacitated Person  
(NT)**

The Guardian hereby notifies the court and interested parties that the above-named Incapacitated Person died on (date of death) \_\_\_\_\_ in (county and state) \_\_\_\_\_. At the time of death, the Incapacitated Person was \_\_\_\_\_ years of age, and was receiving custodial care at \_\_\_\_\_. The Guardian has or will commence the preparation of a Final Report and Accounting to present to the court and interested parties within 30 days of the death, as required by State law.

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.**