

**Superior Court of Washington
County of Spokane**

In the Guardianship of:

Incapacitated Person

No. _____

**Notice of Guardian's Intent to
Resign, Petition to Appoint
Successor Guardian, Notice of
Hearing and Declaration of
Mailing**

(NTMTDK)

(Clerk's Action Required)

To: The Clerk of the Court,
The Incapacitated Person,
The Standby Guardian, _____,
(Name) _____,
And to all other interested persons who have requested special notice of proceedings:

PLEASE TAKE NOTICE that this case will be heard at the date and time stated below, and the Clerk is directed to note this matter on the Court's **Guardianship Calendar**.

DATE: _____ TIME: _____ p.m.

Spokane County Courthouse
1116 West Broadway Ave
Courtroom

PLEASE BE ADVISED that I intend to resign as Guardian. I will immediately submit my request, a final accounting, and a petition for discharge as Guardian, exoneration of bond and for approval of the final accounting. I petition the court to have the Standby Guardian, (name)

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_____, or (name) _____,
 appointed as successor Guardian upon filing the oath, attend guardianship training (unless
 waived), and any required bond.

1. The originals of this Notice of Hearing on Resignation **must be filed with the Clerk's Office and served not less than 10** court days prior to the requested hearing date. *(When mailing documents, allow an additional 3 days for service.)
2. List the names, addresses and telephone numbers of all parties and persons to whom you have provided notice below.
3. When you file your original forms, mail or deliver a **judge's copy** of the forms to the Guardianship Monitoring Program.

DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this **Notice** of Hearing on Resignation with first class postage prepared to the persons and addresses listed below:

ALL PERSONS AND AGENCIES REQUIRING NOTICE

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:

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.**