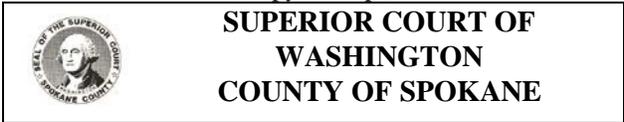


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

CASE NO.

RECEIPT FOR PAYMENT OF
ATTORNEY FEES

(RCP)

I acknowledge receipt of the amount of \$ _____ from the Guardianship Estate. This amount is in full payment and satisfaction of attorney fees and costs approved by the Court by order entered on _____.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF _____, 20

Signature of Attorney

Printed Name of Attorney, WSBA#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address