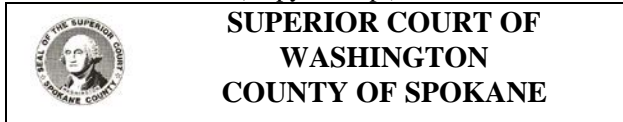


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

CASE NO. _____

NOTICE OF CHANGE IN CIRCUMSTANCES
(NT)

The following circumstances have changed with regard to the Incapacitated Person.

1. Financial. *[Examples of changes in circumstances include: a material increase or decrease in income or assets, including eligibility for state, or federal benefits or entitlements.]*

2. Physical. *[Examples of changes in condition include: a material change in health, such as hospitalization, illness, increase or decrease in mental abilities.]*

I certify (or 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 AND SIGNED IN OPEN COURT THIS _____ DAY OF _____, 20____.

Signature of Guardian/Attorney

Printed Name of Guardian/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.**