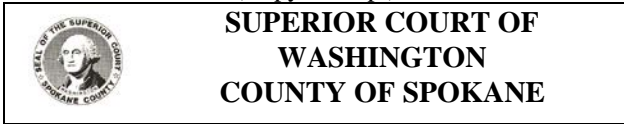


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

CASE NO. _____

NOTICE OF CHANGE OF ADDRESS FOR

- Incapacitated Person (NT)
- Guardian (NT)
- Attorney (NTACA)
- Other Interested Party (NT)

(CLERK'S ACTION REQUIRED)

The following individual's address has changed, and the **Clerk of the Court is requested to enter the same into the Court records and computer data-base (SCOMIS):**

Incapacitated Person. The Incapacitated Person's new address and *phone number are:

Guardian. The Guardian's new address and *phone number are: _____

Attorney. The attorney representing _____ has a new address and phone number:

_____, an interested party in this

Other Interested Party. Guardianship proceeding has a new address and phone number:

Date of Notice: _____

Effective Date of Notice, if different from above: _____

Signature of Person Giving Notice: _____

Printed Name of Person Giving Notice: _____

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 document with first class postage prepared to the persons and addresses listed below:

SIGNED AT _____, WASHINGTON 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

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

***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.**