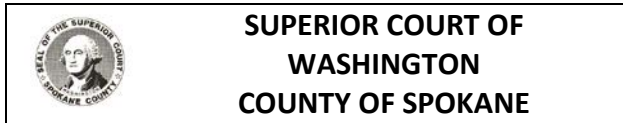


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

CASE NO. _____

REQUEST FOR SPECIAL NOTICE
OF PROCEEDINGS AND DECLARATION OF
MAILING RCW 11.92.150
(RQ)

TO: The Clerk of the Court;

AND TO: The Guardian

I am a person who is interested in these proceedings. I have the following relationship
to the Incapacitated Person: _____

I request copies of all petitions and other pleadings which are filed in this proceeding in
the future, as well as notice of all hearings which are scheduled.

Copies and notices shall be sent to me at the following mailing address:

My street address is set forth below (if different than above):

Signature of Person Requesting
Notice

Printed Name of Person Requesting Notice,
WSBA/CPG#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address

Declaration of Mailing

I declare:

1. I am a competent person over the age of eighteen (18) years, a citizen of the United States, a resident of the State of Washington.
2. I caused to be served true and correct copies of the:

- Request for Special Notice of Proceedings
- Other: _____

on (date) _____ (time) _____ to the following individuals at the following address by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name: _____
Address: _____

- Hand Delivered (Personal Service)
- Regular 1st Class US Mail
- Certified Mail, Return Receipt Requested
- Other: _____

Name: _____
Name: _____
Address: _____

- Hand Delivered (Personal Service)
- Hand Delivered (Personal Service)
- Regular 1st Class US Mail
- Certified Mail, Return Receipt Requested
- Other: _____

(Attach Return Receipt if service by certified mail.)

I 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 this _____ day of _____, 20_____,

at (city) _____, (state) _____.

Signature

Printed Name

Address

City State, Zip Code

Telephone/Fax Number

Email Address