

**Superior Court of Washington**  
**County of \_\_\_\_\_**

In the Guardianship of:

\_\_\_\_\_,  
Incapacitated Person

**No.** \_\_\_\_\_

**Motion for Final Order  
Confirming Transfer and  
Terminating Washington  
Guardianship  
(MT)  
RCW 11.90.400(6)**

I am the guardian of an incapacitated person in Washington State. I ask this court to enter a final order confirming transfer to the receiving state and terminating the Washington guardianship.

**1. Basis for Motion**

- A. The guardian filed a Petition to Transfer Guardianship from Washington to the Receiving State.
- B. This court entered a *Provisional Order Granting Petition to Transfer Guardianship to the Receiving State*.
- C. The guardian petitioned the receiving state's court to transfer guardianship to the receiving state.
- D. The receiving state court entered a provisional order accepting transfer of guardianship under provisions similar to RCW 11.90.410.
- E. The guardian filed a certified copy of the receiving state's provisional order with this Washington State court on \_\_\_\_\_ (date).
- F. The guardian  has  has not filed a final report and accounting.

**2. Relief Requested.** I ask this court to take the following action:

- A. Grant the petition and transfer guardianship to the receiving state.
- B. Terminate the Washington guardianship of the person and/or estate.

C. Discharge the guardian:

- At the hearing on this motion, after approving the guardian's final report and accounting, which has been filed with this court.
- When the court approves the guardian's final report. The guardian's final report should be due on \_\_\_\_\_ (date, no later than 90 days after guardianship is transferred).

I declare, under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ (City and State), on \_\_\_\_\_ (Date).

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Print Name

Presented by:

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Printed Name of Guardian/Attorney, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

\* **Privacy notice:** 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.