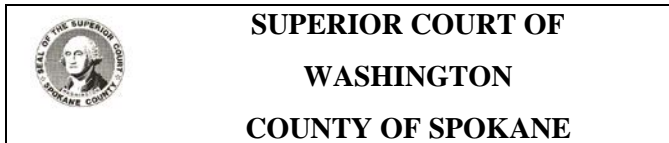


(Copy Receipt)

(Clerk's Date Stamp)



In Re The Trust for:

CASE NO. \_\_\_\_\_

\_\_\_\_\_   
An Incapacitated Person

**ORDER APPROVING TRUSTEE'S  
REPORT**

(ORAPRT)

(CLERK'S ACTION REQUIRED)

Due Date for Next Report: \_\_\_\_\_

Due Date For: \_\_\_\_\_

Name, Address and Telephone for Trustee/Attorney: \_\_\_\_\_

Having reviewed the Trustee's Report the Court now orders:

1. The Trustee's Report is approved: \_\_\_\_\_
2. The Trustee provide the next Report for the  12 month period from \_\_\_\_\_ (the **ending date** of the last reporting period); and the Report shall be presented to the Court for review and approval **within** 90 days following the conclusion of that reporting period;

3. The Trustee fees of \$ \_\_\_\_\_ , attorney fees of \$ \_\_\_\_\_ and costs of \$ \_\_\_\_\_ are found to be reasonable, necessary, and are approved for payments by the Trustee from the assets of the guardianship estate;
4. Bond  remains the same or  is changed to \$ \_\_\_\_\_ ; and
5. Other: \_\_\_\_\_

DATED AND SIGNED IN OPEN COURT THIS \_\_\_ DAY OF \_\_\_\_\_ , 20 \_\_\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

\_\_\_\_\_  
Signature of Trustee/Attorney

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

\_\_\_\_\_  
Address

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

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

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