

# SAMPLE GUARDIANSHIP FORMS

## Forms for Closing a Guardianship

### Form Number

### Form Title

WPF GDN 06.0300	Notice of Death of Incapacitated Person
SPO GDN 02.0600	Order Setting Hearing on Petition to Settle Final Account
WPF GDN 06.0600	Petition for Order Approving Guardian's Activities and Final Report
WPF GDN 06.0700	Order Approving Guardian's Final Report
WPF GDN 06.0800	Petition for Order Closing Guardianship and Discharging Guardian
WPF GDN 06.0900	Order Closing Guardianship and Discharging Guardian
WPF GDN 06.0100	Declaration of Completion of Guardianship for Minor
WPF GDN 06.0200	Notice of Filing a Declaration of Completion
SPO GDN 02.0630	Declaration of Mailing - Minor

**Superior Court of Washington  
County of**

In the Guardianship of:

**Susan Silverman,**  
Incapacitated Person

**No. 07-4-00000-0**

**Notice of Death of  
Incapacitated Person  
(NT)**

The Guardian hereby notifies the court and interested parties that the above-named Incapacitated Person died on (date of death) **8/15/08** in (county and state) **Spokane, Washington**. At the time of death, the Incapacitated Person was **51** years of age, and was receiving custodial care at **BeeHive Adult Family Home, 11423 E Knox, Spokane Valley, WA 99216**.

The Guardian has or will commence the preparation of a Final Report and Accounting to present to the court and interested parties within 30 days of the death, as required by State law.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) **Spokane**, (state) **Washington** on (date) **8/21/08**.

**Mary A. Smith**

Signature of Guardian

**Mary A. Smith**

Print Name of Guardian

\_\_\_\_\_ [ ]WSBA [ ]CPG#

**3647 E 36<sup>th</sup> Ave.**

Address

**Spokane WA 99203**

City, State, Zip Code

**(509) 926-9999**

\*Telephone/Fax Number

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

**\*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.**

(Copy Receipt)

(Clerk's Date Stamp)



SUPERIOR COURT OF WASHINGTON  
COUNTY OF SPOKANE

In the Guardianship of:

Susan Silverman

Case No.: 07-4-00000-0

ORDER SETTING HEARING ON  
PETITION TO SETTLE FINAL  
ACCOUNT

The guardian has filed a petition to approve the final report pursuant to the termination of this guardianship. Notice shall be provided to all interested persons pursuant to RCW 11.88.040. Any person seeking to object to the final report may file their objections with the Clerk of the Court and provide a copy to the Court Administrator. They may also present their objections to the Court at 9:30 a.m. at Courtroom 304, West 1116 Broadway, Spokane, WA, on the 15th day of November, 2008, which is the time set for the Court to review all objections.

Done this 19<sup>th</sup> day of October, 2008.

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Mary A. Smith

Signature of Petitioner/Attorney  
3647 W 36<sup>th</sup> Ave

Address  
(509) 926-9999

\*Telephone/Fax Number

Mary A Smith

Printed Name of Petitioner/Attorney, WSBA, CPG#  
Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
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.**

Superior Court of Washington  
County of Spokane

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

Petition for Order Approving  
Guardian's Activities and Final  
Report  
(PTAPFR)

I. Petition and Final Report

*The Guardian petitions the Court for approval of this Final Report.*

1.1 Guardianship History.

The undersigned was appointed  Full  Limited Guardian of the Person and/or  Full  Limited Guardian of the Estate on (date) 1/12/2007. The Guardian's most recent report was approved on (date) 4/16/2008; and it included all activities, income and disbursements through the date of 1/31/2008.

1.2 Residence of Incapacitated Person:

Throughout this report period, the Incapacitated Person resided at (facility name, if applicable, and address) BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216, in (city or county, and state) Spokane, Washington.

1.3 Circumstances for Final Order.

A. If Final Order is Due to Death of Incapacitated Person:

The Incapacitated Person died on (date) 8/15/2008.

There  is  is not a Will.

The Guardian requests authority to transfer the remaining Guardianship estate assets to the duly appointed or confirmed Personal Representative of the Estate, upon receipt of a Notice of Appointment and Pendency of Probate or properly executed Affidavit of Successor.

The guardian requests authority under RCW 11.88.150 to administer the estate of the deceased Incapacitated Person.

**B. If Final Order is Due to Determination of Capacity:**

On (date) \_\_\_\_\_, the Court determined that the incapacity had terminated and that there was now capacity to manage the personal care and administration of assets. I was directed to transfer all Guardianship assets to the (formerly) Incapacitated Person.

**C. If Final Order is Due to Removal or Resignation of Guardian:**

On (date) \_\_\_\_\_, the court removed the Guardian or the Guardian resigned.. The Guardian requested authority to transfer the assets to the duly appointed Successor Guardian upon the issuance of letters of Guardianship to said Successor.

**1.4 Care Plan**

A report setting forth the medical, mental, and social information for the Incapacitated Person and describing the Guardian's activities from the conclusion of the last reporting period date: 1/31/2008 until the  restoration of capacity OR  death of above-named Incapacitated Person  removal or resignation of the Guardian is attached or filed under form GDN Sealed Confidential Guardianship Information Sheet.

**1.5 Current Inventory**

Attached is a list, with values, of the assets of the Incapacitated Person's estate as of the date of the last reporting period and as of the date of this petition.

**1.6 Income and Disbursement**

Attached is a list of the source and amounts of the income received, and the amounts and descriptions, including names of payees and reasons, of disbursements made from the date of the last reporting period to the date this petition was filed.

**1.7 Liabilities**

The Guardian requests approval to pay the following outstanding liabilities from the Guardianship estate.

Guardian's Fees and Costs	\$
Attorney's Fees and Costs	\$
Other: <b>Medical</b>	<b>\$345.00</b>
Other:	\$
Other:	\$
<b>Total Payments to be Authorized:</b>	<b>\$345.00</b>

**1.8 Bond, Blocked Accounts and Other Court-Ordered Protection**

On the date this petition was filed, there was \$4,863.75 in unblocked accounts and \$0 in blocked financial accounts. The Guardianship bond issued by Traveler's Casualty identified by bond number 128075478, in the amount of \$10,000.00 (*enter \$0, if there was no bond in effect*) should

be exonerated upon the filing of a receipt by the Personal Representative, Successor Guardian of Incapacitated Person, or the Incapacitated Person who has been restored to capacity.

**1.9  Final Tax Return**

There was income for which a tax return  is OR  is not required. The Guardian recommends that the final tax return and tax obligations be handled as follows: **The guardian or personal presentative will determine the need for a tax return and handle accordingly.**

**II. Order**

***Wherefore the Guardian requests an order:***

- 1.2 Approving the Guardian's Final Report and Accounting and the actions of the Guardian.
- 2.2 Discharging the Guardian, exonerating the Guardian's Bond upon filing a receipt by the:  
 Successor Guardian or  
 Personal Representative, and closing the guardianship.  
 previously Incapacitated Person; and closing the guardianship.
- 2.3 Authorizing the Guardian to transfer the remaining assets in Guardianship estate to the duly appointed or confirmed Personal Representative, Successor Guardian of the Incapacitated Person, or the previously Incapacitated Person.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 11/15/2008.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

WSBA  CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

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

**\*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.**

**Attachment to Petition for Order Approving Guardian's Activities and Final Report**

**Summary Listing by Categories of All Income and Disbursements From Conclusion  
of Last Reporting Period**

**In the Guardianship of Susan Silverman  
Cause No. 07-4-00000-0**

<b>Income Received</b>	
<b>a. Wages</b>	<b>\$1,276.40</b>
<b>b. Social Security</b>	<b>\$5,103.00</b>
<b>c. Interest on Mutual Funds</b>	<b>\$110.44</b>
<b>Total Income</b>	<b>\$6,489.84</b>
<b>Disbursements and Outgoing Payments</b>	
<b>a. Housing</b>	<b>\$2,583.00</b>
<b>b. Heat/Electricity/Water/Sewer/Cable Telephone</b>	<b>\$360.73</b>
<b>c. Household Maintenance</b>	<b>\$335.75</b>
<b>d. Food and Household Supplies</b>	<b>\$1,087.03</b>
<b>e. Clothing</b>	<b>\$234.22</b>
<b>f. Auto and Transportation</b>	<b>\$150.50</b>
<b>g. Travel</b>	<b>\$109.06</b>
<b>h. Health Insurance Premiums</b>	<b>\$688.31</b>
<b>i. Prescription and Pharmacy</b>	<b>\$48.65</b>
<b>j. Guardian Fees</b>	<b>\$700.00</b>
<b>k. Bond Premium</b>	<b>\$130.00</b>
<b>l. Adjustment for Decrease in Personal Property</b>	<b>\$43.75</b>
<b>Total Disbursements</b>	<b>\$6,471.04</b>

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Order Approving Guardian's  
Final Report  
(ORPVFR)**

**Clerk's Action Required**

The Guardian's Petition for Approval of the Final Report and Accounting having duly and regularly come on for hearing, the Court now enters the following:

**I. Findings of Fact and Conclusions of Law**

**1.1 History of Guardianship**

(Name) Mary A. Smith, was appointed as the Guardian of the Person and/or Estate in this matter on (date) 1/12/07. The court last reviewed the activities of the Guardian on (last report approval date) 4/16/08.

**1.2 Termination of Guardianship**

The guardian  resigned  was discharged. Or

The Incapacitated Person  was adjudicated to have regained capacity, OR  passed away on (date) 8/15/08, thus terminating the authority of the guardian.

**1.3 Activities of Guardian**

Since the conclusion of the last reporting period, the Guardian's activities  have  have not been in accordance with the law.

**1.4 Value of Estate Assets**

As of the date of termination of Guardianship, the Estate had assets with a total value of approximately \$4,863.75, consisting of Checking and Savings.

**1.5 Estate Liabilities**

The creditors of the Guardianship estate are:

Name of Creditor	Amount of Debt
<b>Dr. James Jones</b>	<b>\$ 345.00</b>
	\$
	\$
	\$

The Estate  does OR  does not have sufficient assets to pay the debts, all of which were reasonable and were incurred for the benefit of the Incapacitated Person during the term of the Guardianship.

**1.6  Probate Estate**

Probate of the Estate  is OR  is not necessary.

**1.7 Bond**

A bond in the amount of \$10,000.00 is in place. The bond was issued by (insurer) Traveler's Casualty and is identified as bond number 128075478.

**1.8 Final Report and Guardian Activities**

The final report of the Guardian contains all of the information required by statute and court rule. The activities taken by the Guardian for the benefit of the Incapacitated Person from (ending date of last report) 1/31/08 through the date of Guardian's Final Report have been reasonable and should be approved.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.9 Reasonableness of Fees**

The fees for the Guardian and attorney are reasonable and appropriate, and should be approved:  
Guardian: \$ 0 Attorney: \$ 0  
These fees should be paid from the Guardianship Estate.

**1.10 Need to Close Guardianship and Discharge Guardian**

After the Guardian has filed receipts of proof evidencing payment of the liabilities authorized for payment, the Guardian's and attorney's fees approved herein, and the distribution of any remaining Guardianship assets to the:

Successor Guardian, under the Guardianship,  the prior Guardian should be discharged  and the bond exonerated.

Or

Duly appointed personal representative of the incapacitated person, or  to the Incapacitated Person who has regained capacity, the Guardianship should be closed, the Guardian discharged, and the bond exonerated.

### 1.11 Income Taxes

A final income tax return  does OR  does not need to be filed on behalf of the decedent. If so, it shall be filed by (date) \_\_\_\_\_.

## II. Order

### 2.1 Acts of Guardian

The actions of the Guardian from (ending date of last report) 1/31/08 through this date are approved.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2.2 Approval of Report and Accounting

The Final Report of the Guardian is approved.

### 2.3 Provisions for Filing of Tax Return

The Guardian shall arrange for the filing of a final tax return for the deceased Incapacitated Person as provided above, and for payment of any income tax due based on that return.

### 2.4 Authority to Pay Outstanding Obligations of Estate

The Guardian shall pay from the Guardianship estate all of the liabilities and fees previously found reasonable in this order or previous orders in this case and any final income taxes due. After payment of the above liabilities and fees, the Guardian shall transfer all remaining assets to the:

Successor Guardian.

Duly appointed personal representative of the incapacitated person  upon receipt of Notice of Appointment and Pendency of Probate  under a properly executed Affidavit of Succession.

To the Incapacitated Person who has regained capacity.

### 2.5 Provisions for Closing Case

Upon filing receipts or proof of the payments directed in this order, the Guardian, shall petition the court for an Order of Discharge, closure of the case, and exoneration of the bond, if any.

Dated \_\_\_\_\_.

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

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave.

Address

Spokane WA 99203

City, State, Zip Code

(509) 926- 9999

\*Telephone/Fax Number

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

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**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Petition for Order Closing  
Guardianship and Discharging  
Guardian  
(PTORCG)**

**I. Petition and Declaration**

**1.1 Guardianship History**

The undersigned Guardian was appointed Guardian of the Incapacitated Person on (date) 1/12/07. The court approved the Final Report of the Guardian on (date) 11/15/08, and ordered that the following steps be taken to effectuate the closure of this Guardianship:

**Pay all liabilities and fees previously found reasonable and file receipts of proof of payment directed.**

**1.2 Activities by Guardian Since the Entry of the Order Approving Final Report**

Since the entry of the Order Approving the Final Report, the Guardian has completed all of the requirements and conditions set forth by the court in that Order.

**1.3 Bond**

A Guardianship bond in the amount of \$10,000.00 (enter 0 if there is no bond in effect) with (name of insurer on bond) Traveler's Casualty identified by bond number: 128075478 was filed and approved in this case.

## II. Requested Relief

**Wherefore, the Guardian requests an order.**

- 2.1 Determining that the Guardianship proceeding of the person and estate is completed.
- 2.2 Discharging the Guardian.
- 2.3 Exonerating the bond filed in this case, if any.
- 2.4 Directing the Clerk of the court to close this case.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 12/2/08.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

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

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**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Order Closing Guardianship  
and Discharging Guardian  
(ORTG)**

**Clerk's Action Required**

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**I. Findings of Fact**

**1.1 History of Guardianship**

The Guardian was appointed as the Guardian of the Person and/or Estate in this matter on (date) 1/12/07. The court approved the Final Report of the Guardian on (date of hearing) 11/15/08.

**1.2 Closing Activities of Guardian**

Since the entry of the Order Approving Guardian's Final Report, the Guardianship bond in the amount of \$10,000.00 with (insurer) Traveler's Casualty identified by bond number 128075478 is in place.

**II. Order**

- 2.1 Completion of Guardianship.** The Guardianship proceeding of the person and estate of the Incapacitated Person is completed.
- 2.1 Discharge of Guardian.** The Guardian is discharged.
- 2.3 Exoneration of Bond.** The Bond is exonerated.
- 2.4 Closure of Case.** This Guardianship case is closed.

Dated \_\_\_\_\_.

---

**Judge/Court Commissioner**

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

\*Telephone/Fax Number

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

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**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

**Susan Silverman,**

Incapacitated Person

No. 07-4-00000-0

**Declaration of Completion  
(Guardianship of Minor)  
RCW 11.88.140(2)  
(DCLCMP)**

**Declaration**

**1. Legal Age**

The minor subject to this guardianship attained eighteen years of age on (date) 7/4/07.

**2. Payment of Funds**

The Guardian has paid or transferred all of the minor's assets in the Guardian's possession to the former minor, who has signed a receipt for all such accounts, funds, and assets. The receipt has been or will be filed with the court not later than the date this Declaration is filed.

**3. Completion**

The Guardian has completed the administration of the estate, and the Guardianship is ready to be closed.

**4. Fees**

The total amounts of fees paid to the Guardian, attorneys, and accountant are:

	Amount	Source of Payment
Guardian:	\$0	
Attorneys:	\$0	
Accountant:	\$300.00	Check

**5. Notice of Filing**

The original of this Declaration of Completion is being filed with the court on (date) 8/11/07.

**6. Finality**

The Guardian believes that the fees paid are reasonable and does not intend to obtain court approval of the amount of the fees or to submit a Guardianship estate accounting to the court for approval.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) **Spokane**, (state) **Washington** on (date) 8/11/07.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

\_\_\_\_\_  
[ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

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

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## Certificate of Mailing

I am eighteen (18) years of age or older. I am neither a party to nor interested in the above-entitled matter. I am competent to act as a witness herein.

On (date) 8/11/07, I deposited in the United States Mail, first-class, postage pre-paid, true and correct copies of this document to each of the individuals at the addresses listed on Exhibit A attached to this declaration.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 8/11/07

Kay Morris

Signature of Declarant

(NOT the Guardian and NOT the former minor)

Kay Morris

Print Name of Declarant

(NOT the Guardian and NOT the former minor)

1200 E Broadway

Address

Spokane WA 99201

City, State, Zip Code

(509) 324-9999

\*Telephone/Fax Number

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

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**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,

Incapacitated Person

No. 07-4-00000-0

**Notice of Filing a Declaration  
of Completion (Guardianship  
of Minor)  
(NTFDCP)**

**Notice is given** that the undersigned filed the Declaration of Completion (Guardianship of Minor) on (date) 8/11/07. If within 30 days after the filing date, you do not file a petition requesting the court to review the reasonableness of the fees, or for an accounting, or both, and serve a copy of the petition on the Guardian or the Guardian's lawyer, the following will occur:

- the amount of fees paid or to be paid will be deemed reasonable,
- the acts of the Guardian will be deemed approved,
- the Guardian will automatically be discharged without further order of the court, and
- the Declaration of Completion (Guardianship of Minor) will be final and deemed the equivalent of an order terminating the Guardianship, discharging the Guardian and decreeing the distribution of the Guardianship assets.

If you file and serve a petition within the period specified, the undersigned will request the court to set a hearing on your petition, and you will be notified of the time and place of the hearing by mail, or by personal service, not less than ten days before the hearing on the petition.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 8/11/07.

Mary A. Smith  
Signature of Guardian

3647 E 36<sup>th</sup> Ave  
Address

(509) 926-9999  
\*Telephone/Fax Number

Mary A. Smith  
Print Name of Guardian

Spokane WA 99203  
City, State, Zip Code

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

[ ]WSBA [ ]CPG#

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(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

**Susan Silverman**  
Name of Minor

CASE NO. **07-4-00000-0**

DECLARATION OF MAILING

(DCLRM)

**Mary A. Smith**, states as follows:

On **August 11<sup>th</sup>**, **2007**, I caused to be delivered via U.S. Regular Mail, a copy of Notice of Filing a Declaration of Completion of Guardianship and Declaration of Completion of Guardianship for Minor to the following individual:

Name of Minor: **Susan Silverman**  
Street Address: **11423 E Knox**  
City, State, Zip: **Spokane Valley WA 99216**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge, memory and belief, my statements above are true and correct.

DATED this **11<sup>th</sup>** day of **August**, **2007**.

Presented by:

*Mary A. Smith*

Mary A. Smith

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney,

WSBA/CPG#

3647 E. 36<sup>th</sup> Ave

Spokane WA 99203

Address

City, State, Zip Code

(509) 926-9999

\*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.**