

SAMPLE GUARDIANSHIP FORMS

Miscellaneous Forms

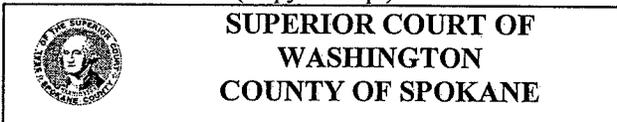
Form Number

Form Title

SPO GDN 02.0110	Declaration of Service
SPO GDN 02.0320	Notice of Change of Address
SPO GDN 02.0340	Notice of Change in Circumstances
SPO GDN 02.0500	Petition for Instructions
SPO GDN 02.0501	Order on Petition for Instructions
SPO GDN 02.0510	Petition for Order Extending Time
SPO GDN 02.0511	Order on Petition for Extending Time
SPO GDN 02.0570	Petition and Declaration for Withdrawal from Blocked Financial Account
SPO GDN 02.0571	Order for Withdrawal from Blocked Account
SPO GDN 02.0240	Cash Journal Receipt

(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

Susan Silverman

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

DECLARATION OF SERVICE

(AFSR)

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 and am not a party to this action.
2. I caused to be served true and correct copies of the:

- Petition for Appointment of Guardian
- Notice of Guardianship Petition
- Order Appointing Guardian ad Litem and Notice of Hearing
- Other: **Order Setting Hearing on Petition to Settle Final Account and Final Accounting**

on (date) 10/15/08 (time) 10:13 a.m. to the following individuals at the following address by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name: **Office of Financial Recover**
 Address: **PO BOX 9501**
Olympia WA 98507

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

Name: **Bob Smith**
Address: **1700 Grand Blvd**
Spokane WA 99205

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

Name: _____
Address: _____

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

Name: _____
Address: _____

- 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 **15th** day of **October**, 2008,

at (city) **Spokane**, (state) **Washington**.

Harry Lenox

Signature

4215 N Maple

Address

(509) 325-0000

Telephone/Fax Number

Harry Lenox

Printed Name

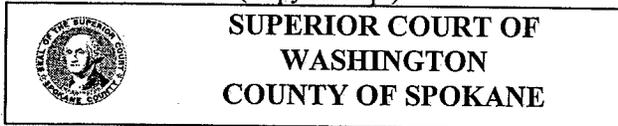
Spokane WA 99205

City State, Zip Code

Email Address

(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

Susan Silverman

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

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:

Royal Plaza Adult Family Home, 9700 N Perry, Spokane WA 99208 (509) 326-9999.

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

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

Other Interested Party. ___, an interested party in this Guardianship proceeding has a new address and phone number:

Date of Notice: **September 13, 2007**

Effective Date of Notice, if different from above: **September 1, 2007**

Signature of Person Giving Notice: **Mary A. Smith**

Printed Name of Person Giving Notice: Mary A. Smith

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 Spokane, WASHINGTON THIS 13th DAY OF September, 2008

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36th Ave

Address

(509) 926-9999

*Telephone/Fax Number

Mary A. Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

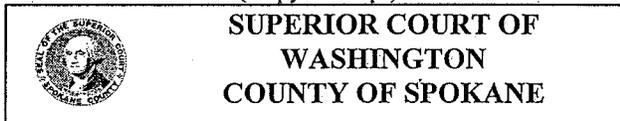
Email Address

Name: Dept of Dev. Disabilities	Name: Howard Spenser
Address: 123 Main Street	Address: 1012 N Monroe
City, State, Zip: Spokane WA 99201	City, State, Zip: Spokane WA 99205
*Telephone:	*Telephone:
Name: Bob Smith	Name: Terrance Hawk
Address: 1700 Grand Ave	Address: 11213 E Appleway
City, State, Zip: Spokane WA 99205	City, State, Zip: Spokane WA 99216
*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.**

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF
WASHINGTON
COUNTY OF SPOKANE**

In the Guardianship of:

CASE NO. 07-4-00000-0

Susan Silverman

NOTICE OF CHANGE IN CIRCUMSTANCES
(NT)

The following circumstances have changed with regard to the Incapacitated Person.

1. **Financial.** [Examples of changes in circumstances include: a material increase or decrease in income or assets, including eligibility for state, or federal benefits or entitlements.] Susan's maternal Grandmother passed away leaving Susan \$257,893.45 in her will. A Special Needs Trust has been established and funded with this inheritance.
2. **Physical.** [Examples of changes in condition include: a material change in health, such as hospitalization, illness, increase or decrease in mental abilities.]

I certify (or 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 AND SIGNED IN OPEN COURT THIS 16th DAY OF June, 2007.

Signature of Guardian/Attorney
3647 E 36th Ave

Mary A. Smith

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

Address
(509) 926-9999

City, State, Zip Code

*Telephone/Fax Number

Email Address

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(Copy Receipt)

(Clerk's Date Stamp)

	SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE
In the Guardianship of:	
<u>Susan Silverman</u>	

CASE NO. 07-4-00000-0

PETITION FOR INSTRUCTIONS
(PT)

PETITION AND DECLARATION

1. **Relief Requested.** An Order of Instructions regarding authority of Guardian.

Statement of Facts. The undersigned Guardian was appointed by this Court on 1/12/07 [date]. The following situation exists, necessitating instructions from the Court: **Recent sale of Real Estate has raised issue of community property. Guardian is responsible for entire Estate.**

2. **Issue.** Whether the Guardian should: **Divide proceeds of sale and put Susan's into a blocked account.**

3. **Evidence Relied Upon.** The statements herein, the Court file, and oral presentation.

4. **Authority.** (Cite any statutes or cases that may be applicable).

I certify (or 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.

SIGNED AT SPOKANE, WASHINGTON THIS 2nd DAY OF OCTOBER, 2007

Mary A. Smith

Signature of Guardian
3647 E 36th Ave

Mary A Smith

Printed Name of Guardian, WSBA,CPG#
Spokane WA 99203

Address

(509) 926-9999

*Telephone/Fax Number

City, State, Zip Code

Email Address

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(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 ON PETITION FOR
INSTRUCTIONS

Clerks Action Required (OR)

The Guardian's Petition for Instructions came on for hearing before the Court on this date; the Court reviewed the Petition and records on file herein and heard the presentations of those present: Mary A. Smith, (Guardian). The Court now enters the following:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Recent sale of real estate raised issue of community property. Guardian is responsible for entire estate. The issue is how proceeds from sale should be disbursed. Proceeds are on deposit with the real estate closing attorney.

ORDER OF INSTRUCTIONS

Real estate closing attorney shall divide proceeds of sale and issue two checks, one to Mr. Silverman and the second to the guardian, Mary A. Smith. The guardian will deposit the checking into a blocked account and furnish a receipt of funds in blocked account within 30 days of this order.

DATED AND SIGNED IN OPEN COURT THIS 2nd DAY OF October, 2007.

Judge/Court Commissioner

Signature of Petitioner/Attorney

3647 E 36th 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

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(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

PETITION FOR ORDER
EXTENDING TIME
(ORET)

COMES NOW the Guardian, Guardian ad Litem, or Attorney for Susan Silverman and petitions the Court :

1. Relief Requested. An order extending the currently scheduled due date for the Guardianship hearing Guardian ad Litem Report (interim report required) Other: Report and Accounting (name of activity, filing or service) from 4/12/08 until 5/15/08.

2. Statement of Facts. The above-listed activity, filing or service is currently due to occur on or by the date stated above. An extension of time for this requirement is requested for the following reasons, which constitute good cause for the extension of time to complete the activity: Guardian has not received statements from all financial institutions in order to complete the report. Telephone calls have guaranteed receipt in time to meet the extended date.

The 60th day from filing the petition is : _____.

I certify (or 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.

SIGNED AT SPOKANE, WASHINGTON THIS 7th DAY OF MARCH, 2008

Signature of Petitioner/Attorney

Mary A. Smith

Printed Name of Petitioner/Attorney,
WSBA,CPG#

3647 E 36th Ave

Address

Spokane WA 99203

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.**

(Copy Receipt)

(Clerk's Date Stamp)

	SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE
	In the Guardianship of: <u>Susan Silverman</u>

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

ORDER ON PETITION FOR
EXTENDING TIME

ORDER

The Court extends the currently scheduled due date for the **Report and Accounting** (name of activity, filing, service) from **4/12/08** to **5/15/08**.

The Guardian ad Litem is directed to file an interim report no later than _____.

DATED AND SIGNED IN OPEN COURT THIS **7th** DAY OF **MARCH**, 2008.

Judge/Court Commissioner

Mary A. Smith
Signature of Petitioner/Attorney

Mary A. Smith
Printed Name of Petitioner/Attorney,
WSBA, CPG#

3647 E 36th Ave
Address

Spokane WA. 99203
City, State, Zip Code

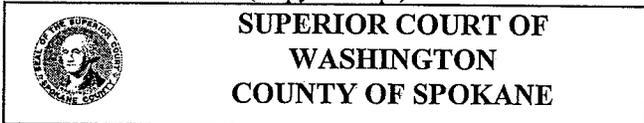
(509) 926-9999
*Telephone/Fax Number

Email Address

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(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

Susan Silverman

CASE NO. 07-4-00000-0

PETITION AND DECLARATION FOR
WITHDRAWAL FROM BLOCKED
FINANCIAL ACCOUNT

1. Identity of Petitioner, Funds To Be Withdrawn and Reason For Withdrawal.

I am the Court-appointed Guardian or Guardian ad Litem in this action. I am the custodian of the funds of the above-named Incapacitated Person. At this time I am seeking a Court order authorizing a withdrawal from account # 8943 (last four digits only), type of account Savings, held at the following named financial institution: 1st Bank of Spokane in the amount of \$7,500.00 for the following reason or purpose(s): ___ OR

The Incapacitated Person named above became 18 years old on [insert text-date].

I am the person named above OR

I am the Court-appointed Guardian or Guardian ad Litem.

I am seeking to have the blocked account funds distributed and to have the Guardianship terminated. I am attaching a copy of a current account statement.

2. Documents Required To Be Submitted with Petition for Withdrawal for Any Reason Other than the Incapacitated Person Reaching Age 18.

I understand that according to law [RCW 11.92.040(3)], I am required to provide an inventory and accounting prior to the Court's considering this withdrawal. Attached to this application is:

- (a) An inventory of assets which came into my hands at the time I was appointed in this proceeding;
- (b). An accounting of all income, receipts, and expenditures received or made from the date of the Inventory or the date of the last Accounting.
- (c) If the person requesting the withdrawal is the parent of the Incapacitated Person who is a minor and the reason for the withdrawal is other than because the minor reached 18 years of age, I have completed the attached Financial Statement of my spouse and myself, which demonstrates why we are not able to pay for the item or services for which we are seeking this withdrawal.

3. Statement Regarding Repayment

The funds withdrawn

- shall not be subject to repayment, OR
- shall be repaid according to the following terms:

I certify (or 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.

SIGNED AT SPOKANE, WASHINGTON THIS 14th DAY OF June, 2007

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36th Ave

Address

(509) 926-9999

*Telephone/Fax Number

Mary A Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

Email Address

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(Copy Receipt)

(Clerk's Date Stamp)

 <p>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p>
<p>In the Guardianship of:</p> <p><u>Susan Silverman</u></p>

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

ORDER FOR WITHDRAWAL FROM
BLOCKED ACCOUNT
 ORDER TERMINATING
GUARDIANSHIP

(CLERK'S ACTION REQUIRED)

The Petition for Withdrawal from Blocked Account having come before the Court and the Court having reviewed the file and records and finding good cause,

IT IS HEREBY ORDERED:

A. **1st Bank of Spokane** Bank/Financial Institution is authorized and directed regarding account #**8943** (last four digits only), type of account **Savings** to:

disburse the sum of **\$7,500.00** dollars OR

disburse the entire balance OR

transfer control and possession of the account

to ___ (name of person to receive funds or account) for the purpose stated in the Petition for Authorizing Withdrawal from Blocked Financial Account.

B. The funds

shall not be repaid OR

shall be repaid as set forth in the Petition.

C. The person receiving the funds shall file receipts for the expenditures within 30 days.

D. The Court Clerk shall issue a certified copy of this order upon payment of the fee.

E. This distribution

does OR

does not

terminate the Guardianship and/or this case file.

F. This matter is set for hearing at: Location of court: _____. At ___ (time) on the ___ day of
, 20___, for the Guardian, Guardian ad Litem, Attorneys and parties to appear and present receipts
for expenditures or transfers of the assets, if they have not already filed them.

G. This Petition is denied without prejudice because the Petition does not have an

inventory,

report and accounting, OR

financial statement attached.

A new Petition may be filed when all documents are complete and attached.

H. The Petition is denied with prejudice, because:

DATED AND SIGNED IN OPEN COURT THIS 14th DAY OF JUNE, 2007.

Judge/Court Commissioner

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36th Ave

Address

Mary A. Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

*Telephone/Fax Number

Email Address

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