SAMPLE GUARDIANSHIP FORMS

Initial Forms

Form Number	Form Title
WPF GDN 04.0200	Oath of Guardian Bond Letters of Guardianship
WPF GDN 04.0300	Designation of & Consent by Resident Agent
WPF GDN 04.0500	Guardianship Inventory
WPF GDN 04.0700	Initial Personal Care Plan
WPF GDN 04.0350	Designation of Standby Guardian
WPF GDN 04.0800	Notice of Right to Request Special Notice
WPF GDN 05.0100	Petition for Approval of Budget, Disbursements, and Initial Personal Care Plan
WPF GDN 05.0500	Order Approving Budget, Disbursements, and Initial Personal Care Plan
SPO GDN 02.0330	Order Approving Care Plan (Initial Care Plan)
WPF GDN 04.0600	Receipt of Funds into Blocked Account
WPF GDN 04.0400	Declaration of Guardian: Assets Held in Financial Institutions

Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman**, Incapacitated Person	**No. 07-4-00000-0** **Oath of Guardian** **RCW 11.88.100** **(OA)**

Being first duty sworn upon oath, I **Mary A. Smith** solemnly swear that:

1. I have been appointed:
   [☒] Full [☐] Limited Guardian of the Person and
   [☒] Full [☐] Limited Guardian of the Estate of **Susan Silverman** (the Incapacitated Person).

2. I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

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) **1/12/07**.

Mary A. Smith
Signature of Guardian

Mary A. Smith
Print Name of Guardian

[☐]WSBA [☐]CPG#

3647 E 36th 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.

Washington

CASE NO. 07-4-00000-0

Western Surety Company

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

in and for SPOKANE County

FILED
FEB 2, 2007
THOMAS R. FALLQUIST
SPOKANE COUNTY CLERK

IN THE MATTER OF THE ☐ Estate ☒ Guardianship ☐ Conservatorship
OF SUSAN SILVERMAN
☐ Deceased ☐ Minor
☒ Incompetent ☐ Spendthrift

BOND OF ☐ Executor ☐ Administrator ☒ Guardian ☐ Conservator

KNOW ALL MEN BY THESE PRESENTS:

BOND No. FID. 54358352

That we, MARY SMITH, as Principal(s), and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of TEN THOUSAND AND NO/100********** DOLLARS ($10,000.00**),
(NOT VALID IN EXCESS OF $10,000 FOR GUARDIANS OR CONSERVATORS OF MINORS, IN EXCESS OF $50,000 FOR TESTAMENTARY TRUSTEES, AND IN EXCESS OF $500,000 FOR ALL OTHERS.)
lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, legal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that Whereas an order was made by the above entitled Court on the 12TH day of JANUARY, 2007, appointing the above bounden Principal GUARDIAN of the (person and) estate of SUSAN SILVERMAN and letters of GUARDIANSHIP were directed to be issued to him (her, it) upon his (her, its) executing a bond according to law in the above named sum.

NOW, THEREFORE, if the said Principal as such GUARDIAN shall faithfully discharge the authority and duties of (his, her, its) trust according to law, then this obligation to be void; otherwise to remain in full force and effect for the security and benefit of Obligees.

Dated, signed, and sealed with our seals this 2ND day of FEBRUARY, 2007.

Countersigned by:
Sandra S. Gillum
Sandra S. Gillum
Resident Agent

APPROVED:
Valerie D Golden
Judge
2-2-2007

Mary A. Smith
Principal

Principal

WESTERN SURETY COMPANY

By Stephen T. Latt
Surety

Form 1293 — 1-98

Western Surety Company
1-605-336-0850

(Copy Receipt) (Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE

IN THE MATTER OF THE GUARDIANSHIP OF: **Susan Silverman,** Incapacitated Person.	CASE NO. **07-4-0000-0** **LETTERS OF GUARDIANSHIP or LIMITED GUARDIANSHIP** ***(LTRGDN)*** ***DATE LETTERS EXPIRE:* 5/12/10**

I. BASIS

THESE LETTERS OF GUARDIANSHIP PROVIDE OFFICIAL VERIFICATION OF THE FOLLOWING:

Name: Mary A. Smith

was appointed guardian by the court to serve as:

☒ Guardian of the **Person** ☒ Full ☐ Limited

☒ Guardian of the **Estate** ☒ Full ☐ Limited

for the above named Incapacitated Person. The Guardian has fulfilled all legal requirements to serve, including, but not limited to: Taking and filing the oath; filing any bond consistent with the court's order; filing any blocked account agreement consistent with the court's order; and appointing a resident agent for a nonresident guardian.

II. AUTHORIZATION

THIS CERTIFIES : **Mary A. Smith**

is authorized by this court to act as guardian of the above named Incapacitated Person.

THESE LETTERS EXPIRE ON: 5/12/10

and can only be renewed by a new court order. If the court grants an extension, new letters will be issued.

THOMAS R. FALLQUIST, SPOKANE COUNTY CLERK

Dated: 1/12/07

By: AJ Jones
Deputy Clerk

(SEAL)

III. CERTIFICATION OF COPY

State of Washington)
County of Spokane)

As Clerk of the Superior Court of this County, I certify that this is a true and correct copy of the Letters of Guardianship in the above entitled case. These Letters remain in full force and effect until the date of Expiration set forth above.

THOMAS R. FALLQUIST, SPOKANE COUNTY CLERK

Dated: 1/12/07

By: AJ Jones
Deputy Clerk

(SEAL)

Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman**, Incapacitated Person	**No. 07-4-00000-0** **Designation of and Consent by In-State (Resident) Agent (APRSAG)**

Not being a resident of the State of Washington, I designate the following person, a resident of the above county and whose mailing address is shown below, as my resident agent for service of process in these proceedings:

Agent's Name:	**Bob Smith**
Agent's Mailing Address	**1700 Grand Blvd**
City, State, Zip:	**Spokane WA 99205**
*Phone Number(s):	Business _____ Personal **509-999-9999**

***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.**

Dated: **1/12/07**

Signed: Mary A. Smith **Mary A. Smith**
[☐]Petitioner [☒] Guardian [☐]WSBA[☐]CPG#

I consent to so serve.

Dated: **1/12/07**

Signed: Bob Smith **Bob Smith**
Agent's Name, Designee

Superior Court of Washington
County of Spokane

In the Guardianship of:	**No. 07-4-00000-0**
Susan Silverman, Incapacitated Person	**Guardianship Inventory** **RCW 11.92.040(1)** **(INV)**

The [☒] Full [☐] Limited Guardian of the Estate, being first duly sworn, states that the following is a true and correct inventory of the assets and liabilities of the Incapacitated Person as of the date of the Order Appointing the Guardian.

A. Assets

1. Real Estate: including the address and its tax assessed value:

Address	Tax Assess Value
11423 E. Knox, Spokane WA 99216	**86,900.00**

[☐] and see attached.

2. Financial Accounts: including the name, address, and phone of the financial institution, type of account, ***the last four digits of the account number(s)*** and balance in each account (*for example, savings, checking, money markets, certificate of deposit, retirement accounts, and all investment accounts*):

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
	Inland NW Bank	**Checking**	**#.....9745**	**$175.69**	**2/28/07**
Address & Phone	**Manito Branch, 0000 East 10th Avenue, Spokane WA 99999 509-000-0000**				
	Inland NW Bank	**Savings**	**#.....9746**	**$814.00**	**2/28/07**
Address & Phone	**Manito Branch, 0000 East 10th Avenue, Spokane WA 99999 509-000-0000**				

[☐] and see attached.

3. Stocks, Bonds, and other Securities: (*not held in an account listed above*).

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
	Edward R. Jones	**IRA**	**#.....2905**	**$5,000.00**	**2/28/07**
Address & Phone	**1111 North Monroe Street, Spokane WA 99999 509-000-0000**				
Address & Phone					
Address & Phone					

[☐] and see attached.

4. Personal Property: (*attach itemized list of all items valued at $1,000 or more*).

Household Furnishings	**$750.00**
Automobile/Boats	$
Other (including items on attached list)	$

[☐] and see attached.

Total Assets (including attachments) $ 93,639.69

B. Income

Description	**Per Month**
Wages	**$ 200.00/Month**
Social Security or SSI	**$ 729.00/Month**
Veteran's Benefits	$
Pension	$
Dividends and Interest	$
Other:	$

[☐] and see attached.

Total Income (including attachments) $ 929.00

C. Liabilities/Debts

1. Mortgages and Liens: name and address of each mortgage or lien holder and the amount owing, the property encumbered and the amount due monthly:

	Name of Mortgage or Lien Holder	Amount Owing	Property Encumbered	Amount Due Monthly
	US Bank	**$23,114.69**		**$369.00**
Address	**Main Office, 000 West Riverside, Spokane WA 99999**			
Address				

[☐] and see attached.

2. Installment Loans and Notes: name and address of each loan holder, the amount owing and the amount due monthly:

	Name of Loan Holder	Amount Owing	Amount Due Monthly
Address			
Address			

[☐] and see attached.

3. Credit Cards: name and address of each credit card company and the outstanding balance owing on each and the amount due monthly:

	Name of Credit Card Company	Outstanding Balance Owing	Amount Due Monthly
Address			
Address			

[☐] and see attached.

Total Liabilities/Debts (including attachments) $ 23,114.69

D. Security for Estate's Assets

1. Guardian/Trustee's Bond:

[☐] The court does not require a bond.
[☐] The court requires a bond in the amount of: $ _____
[☐] The bond should: [☐] remain the same OR [☐] be changed to: $ _____

2. Total balance in blocked accounts: $ _____

3. Total balance unblocked: $ _____

E. Supplemental Information (Optional)

_____
_____
_____.

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) _____, (state) _____ on (date) _____.

Mary A. Smith
Signature of Guardian

Mary A. Smith
Print Name of Guardian

_____
[☐]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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Superior Court of Washington
County of Spokane

In the Guardianship of: Susan Silverman, Incapacitated Person	**No. 07-4-00000-0** **Initial Personal Care Plan (PCP)**

I. ASSESSMENT

Check all that apply to the Incapacitated Person in each category:

1.1 Housing Composition:

[☐] Lives Alone
[☐] Lives with Spouse
[☐] Lives with Children
[☐] Lives with Relative
[☒] Lives with Non-Relative
[☐] Other: _____

1.2 Primary Means of Transportation:

[☐] Own Car
[☒] Public Transportation
[☒] Friend/Relative
[☐] Other:_____

1.3 Living Arrangement:

[☐] Home Owner
[☐] Renter
[☒] Adult Family Home
[☐] Cong. Care Facility
[☐] Nursing Home
[☐] Senior Housing
[☐] Other: _____

1.4 If Lives in Home – Services Needed:

[☒] None
[☐] Chore Services (household chores)
[☐] Other: _____
_____
_____

1.5 Functional Limitation:

[☐] Walker/Cane
[☒] Speech
[☒] Hearing
[☐] Vision
[☐] Walking

1.6 Prosthetic Devices:

[☐] None
[☐] Wheelchair
[☒] Hearing Aid
[☐] Artificial Limb
[☐] Dentures

1.7 Needs Assistance For:

[☐] Eating
[☐] Toileting
[☐] Ambulation
[☐] Transfer
[☐] Positioning
[☒] Personal Hygiene
[☐] Dressing
[☒] Bathing
[☒] Self Medication
[☒] Essential shopping with Incapacitated Person
[☒] Essential shopping for Incapacitated Person
[☒] Meal Preparation
[☒] Laundry
[☒] Facilities in Home
[☐] Facilities out of Home
[☐] Housework
[☒] Travel to Medical Services

1.8 Needs Assistance to Leave Home:

[☒] Yes [☐] No

Comments:

_____
_____
_____
_____.

Circle one of the following codes for each item listed below:

Y=Yes; N=No; CD= Cannot Determine. Y☐N☐CD☐

1.9 Incapacitated Person's Ability To Handle Emergencies:

Knows what to do in the event of a fire.	Y☐	N☒	CD☐
Knows what to do in case of medical emergency (doctor, ambulance).	Y☐	N☒	CD☐
Knows what to do in the event of a break-in or robbery.	Y☐	N☐	CD☒
Knows how to call emergency telephone services (911).	Y☒	N☐	CD☐

1.10 Incapacitated Person Knows How To Seek Help From Others To Keep Supply Of Goods and Obtain Services

(Housekeeper, Lawyer, Community Services): Y☐ N☒ CD☐

1.11 Incapacitated Person's Financial Abilities:

Able to collect benefit, retirement, social security, V.A. benefits.	Y☐	N☒	CD☐
Able to maintain checking accounts with balance greater than $_____.	Y☐	N☒	CD☐
Able to pay monthly bills for rent, utilities, etc.	Y☐	N☒	CD☐
Willing and able to spend money for necessary goods and services, i.e. food, clothing, sundries, etc.	Y☐	N☒	CD☐
Able to seek help in money management.	Y☐	N☒	CD☐
Able to manage funds.	Y☐	N☒	CD☐

If someone other than the guardian of the person is guardian of the estate, or if the Incapacitated Person's assets are under the control of a trustee, provide the following information:

List sources of income and/or resources to pay for monthly costs and care of the Incapacitated Person:

_____

_____

_____.

Estimated monthly costs and care of the Incapacitated Person:

Housing:	$ **450.00**	Other:	
Food:	$ **140.00**	**Arc of Spokane Day Program**	$ **180.00**
Utilities:	$ _____	**Bus Pass**	$ **16.50**
Clothing and Laundry:	$ **25.00**	_____	$ _____
Medical:	$ _____	_____	$ _____
Recreational:	$ **30.00**	_____	$ _____
Insurance:	$ _____	_____	$ _____

1.12 Incapacitated Person's Psychological/Social/Cognitive Functioning:

Y=Yes; N=No; CD= Cannot Determine. Y☐ N☐ CD☐

A. Disorientation:

Able to relate to person, place or time:	Y☐	N☒	CD☐

B. Memory Impairment:

Can remember events occurring within the hour:	Y☒	N☐	CD☐
Can remember events occurring within the day:	Y☒	N☐	CD☐
Can remember events occurring within the week:	Y☐	N☒	CD☐

C. Impaired Judgment:

Able to make appropriate decisions, solve problems, and respond to major life changes:	Y☐	N☒	CD☐

D. Communications:

Able to understand what is being said:	Y☒	N☐	CD☐
Able to express thoughts and needs:	Y☒	N☐	CD☐

E. Wandering:

Moves about aimlessly, or in pursuit of an unobtainable goal: Y☐ N☒ CD☐

F. Verbally Abusive Behavior:

Threatens/berates others, yells, uses foul language, etc.: Y☐ N☒ CD☐

G. Disruptive or Inappropriate Behavior:

Makes excessive demands for attention, takes another's possessions, disrobes in front of others, inappropriate sexual behavior, etc.: Y☐ N☒ CD☐

H. Assaultive or Combative Behavior:

Throws objects, strikes or punches, makes dangerous maneuvers with wheelchair, etc.: Y☐ N☒ CD☐

I. Danger to Self:

Indicated by self-neglect or harm, suicidal thoughts or attempts, etc.: Y☐ N☒ CD☐

J. Other Impairments in Thought, Moods, Behavior:

Please Describe: **None**.

II. Care Plan

2.1 Incapacitated Person's Residence

Facility Name (if applicable)
BeeHive Adult Family Home
Address
11423 E Knox, SPokane WA 99999
*Phone: **(509)999-9999**

2.2 Plan for Chore Services Provided in Home

(if necessary)

Not Necessary

2.3 Plan for nursing services and other medical or personal care services provided in home, adult family home, or congregate care facility

(if necessary):

Not Necessary

2.4 Plan for other services, including rehabilitative, educational, social, and recreational services:

Attend Arc of Spokane Day Program

2.5 Treating Physician:

Name	Address	Phone/Fax Number
James Jones	1708 N Houk Rd	(509) 924-9999

2.6 Current Medications:

Nasal Spray, Claritan, Depo Provera

2.7 Other Professionals Assisting Incapacitated Person:

Name	Service Provided	Address	Phone/Fax Number
Katherine McManus	Therapist	1718 E Sprague	(509) 459-8888

2.8 Other Significant Persons:

Name/Relationship to Incapacitated Person	Address	Phone/Fax Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.9 Plan for Financial Management:

(i.e. Person(s) responsible to receive income and pay monthly costs and care of the Incapacitated Person.)
Mary A. Smith, Guardian

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) WA on (date) 3/10/07.

Mary A. Smith
Signature of Guardian

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

3647 E 36th 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.**

Note: Do not attach records produced and signed by a health care provider to this form.

Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman**, Incapacitated Person	**No. 07-4-00000-0** **Designation of Standby Guardian** **RCW 11.88.125** **(DSGSBG)**

Designation of Standby Guardian

The Guardian for the Person and/or Estate named above designates the following to serve as Standby Guardian:

Name: **James P. Smith**
Address: **3647 E 36th Ave**
Spokane, WA 99203
Phone* **(509) 926-9999**
Email Address: _____

Relationship to Incapacitated Person: **Son**

This individual is over the age of eighteen, of sound mind, and has never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.

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) **1/13/07**.

Mary A. Smith
Signature of Guardian

3647 E 36th Ave
Address

Mary A. Smith
Print Name of Guardian

Spokane WA 99203
City, State, Zip Code

_____
[☐]WSBA [☐]CPG#

(509) 926-9999
*Telephone/Fax Number

Email Address

Acceptance

I **James P. Smith**, acknowledge and accept the designation as Standby Guardian in this matter. I certify that I am over the age of eighteen, of sound mind, and never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.

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) 1/13/07.

James P. Smith
Signature
3647 E 35th Ave
Address
(509) 926-9999
*Telephone/Fax Number

James P. Smith
Print Name [ ]WSBA [ ]CPG#
Spokane WA 99203
City, State, Zip Code

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 Right to Request Special Notice RCW 11.92.150 (NT)**

To: The individuals listed on the attached Exhibit A.

You are notified that you have the right under RCW 11.92.150 to file a Request for Special Notice of Proceedings regarding this Guardianship.

To file a request for Special Notice, you must serve a copy of your Request upon the Guardian, or upon the attorney for the Guardian (if there is one), and you must file the original of your Request with the Clerk of the court where this guardianship is pending. Your Request must designate the name, street address, and mailing address of the person to receive special notice.

If your Request for Special Notice identifies specific actions for which you request advance notice, you will be entitled to receive only the documents you specifically request. If your Request for Special Notice is a general one and does not request advance notice of specific matters, the Guardian shall provide copies of all documents filed with the court and advance notice of the Guardian's application for court approval of any action in the Guardianship.

Serve a copy of your request upon:

Guardian:	**Mary A. Smith**
Address:	**3647 E 36th Ave**
	Spokane WA 99203
Guardian's Attorney:	**Stephen Fullbright**
Address:	**27 E Indiana**
	Spokane WA 99205

File the original of your request with:

Clerk of the Court, **Spokane** County, Superior Court

Address: **1116 W Broadway**

Spokane WA 99260

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) **1/13/07**.

Mary A. Smith
Signature of Guardian

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

3647 E 36th Ave
Address

Spokane WA 99203
City, State, Zip Code

(509) 926-9999
*Telephone

Email Address

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EXHIBIT A

List name(s) and address(es) of all persons and agencies requiring notice.

Name(s)	Address(es)
Department of Developmental Disabilities	**123 W Main Street, Spokane WA 99201**
Bob Smith	**1700 Grand Blvd, Spokane WA 99205**
Howard Spencer	**1012 N Monroe, Spokane WA 99205**
Terrance Hawk	**11213 E Appleway, Spokane Valley WA 99206**

Certificate of Service

I certify (or declare) under penalty of perjury, under the laws of the State of Washington that I mailed, first class, postage prepaid a copy of the foregoing Notice of Right to Request Special Notice to the person(s) listed above on (date of mailing) **1/14/07**.

Signed at (city) **Spokane**, (state) **Washington** on (date) **1/14/07**.

Harry Lenox
Signature

Harry Lenox
Print Name

Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman**, Incapacitated Person	**No. 07-4-00000-0** **Petition For Approval Of Budget, Disbursements And Initial Personal Care Plan (PTAPR)**

I. Basis

1.1 Appointment of Guardian

(Name)**Mary A. Smith** was appointed Guardian of the Person and/or Estate of the Incapacitated Person and immediately thereafter qualified by filing an oath and obtaining bond in the amount ordered by this court. Letters of Guardianship were issued on (date) **1/12/07**.

1.2 Inventory

An inventory of the assets of the Incapacitated Person as of the date of appointment is filed separately.

1.3 Initial Personal Care Plan

The Incapacitated Person resides at (name of facility, if applicable, and address) **BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216**. An Initial Personal Care Plan describing the Incapacitated Person's condition, living circumstances and the actions of the Guardian taken to benefit the Incapacitated Person is filed separately. The Guardian asks that the court review this Initial Personal Care Plan.

1.4 Income and Current Expenses

The Incapacitated Person's income is as follows:

Interests/Dividends	$
Social Security	**$596.00/Month**
Pension (Including Veteran's or Otherwise)	$
Other	$
Total Monthly Income	**$596.00**

1.5 Authority of Guardian to Receive Income and Pay Expenses

The Guardian should have authority to receive the Incapacitated Person's income to be applied against the Incapacitated Person's expenses.

1.6 Proposed Budget

The Guardian requests approval of the following budget for the twelve-month period following the appointment *(fill in only those that apply)*:

Room and Board	**$544.00**
Medical	**$27.00**
Rent/Mortgage	$
Personal and Incidental Expenses	**$25.00**
Food and Household Expenses	$
Utilities	$
Guardian Fees	$
Attorney Fees and Costs	$
Other	$
Total Proposed Monthly Expenditures	**$596.00**

1.7 Medical and Dental Expenses

The Guardian should be permitted to incur and pay any reasonable and necessary medical and dental expenses, which the Guardian determines to be in the best interest of the Incapacitated Person.

1.8 Income Tax Payment/Accounting Fees

The Guardian may be required to file federal income tax returns and pay income tax due on Guardianship income. The Guardian should be permitted to pay fees for accounting services required in connection with the preparation of income tax returns.

II. Relief Requested

The Guardian requests that the court enter an Order as follows:

2.1 [X] Approval of Budget
Approving this proposed budget of the Guardian.

2.2 [X] Income and Expenses
Authorizing the Guardian to continue receiving the Incapacitated Person's income to be applied against the expenses set forth above.

2.3 [X] Reasonable Medical and Dental Expenses
Authorizing payment by the Guardian of any reasonable and necessary medical and dental expenses which the Guardian determines to be in the best interest of the Incapacitated Person.

2.4 [X] Initial Personal Care Plan and Inventory
Approving the Initial Personal Care Plan and Inventory separately submitted by the Guardian.

2.5 [X] Miscellaneous Expenses
Authorizing payment by the Guardian of miscellaneous expenses in an amount not to exceed **$50.00** per month without further order of the court for court fees and other miscellaneous expenses which the Guardian may incur during the course of the administration of this Guardianship.

2.6 [ ] Other Order
For any other Order that the court deems appropriate.

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) **3/7/07**.

Mary A. Smith
Signature of Guardian/Attorney

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

3647 E 36th Ave
Address

Boston, MA 01212
City, State, Zip Code

(617) 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.**

Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman,** Incapacitated Person	**No. 07-4-00000-0** **Order Approving Budget, Disbursements, and Initial Personal Care Plan (ORAPRT)** **[ ] Clerk's Action Required**

Clerk's Information Summary

[X] Due Date for Next Report and Accounting: **4/2008**
[ ] Other (Date and Purpose): _____

Based upon the petition of the Guardian of the Estate and the documents filed with the petition, ***the court makes the following findings of fact:***

I. Findings of Fact

1.1 Acts of Guardian

All acts required of the Guardian to date have been performed.

1.2 Notice

Notice has been properly provided to persons entitled to notice of this presentation.

1.3 Budget and Care Plan

The proposed Budget and Care Plan of the Guardian are reasonable and appropriate to the needs of the Incapacitated Person and should be approved.

II. Orders

2.1 Approval of Initial Personal Care Plan

The Initial Personal Care Plan is approved.

2.2 Budget

The Guardian is authorized to continue to receive the Incapacitated Person's income and to apply the income and other resources toward the Incapacitated Person's expenses:

Room and Board	**$544.00**
Medical	**$27.00**
Rent/Mortgage	**$**
Personal and Incidental Expenses	**$25.00**
Food and Household Expenses	**$**
Utilities	**$**
Guardian Fees	**$**
Other	**$**
Total Monthly Expenditures	**$596.00**

2.3 Outstanding Obligations of the Estate

The Guardian shall be authorized to arrange payment schedules with the creditors of the guardianship estate for delinquent and past due payments.

2.4 Medical and Dental Expenses

The Guardian is authorized to incur and pay reasonable and necessary medical and dental expenses that the Guardian determines to be in the best interest of the Incapacitated Person.

2.5 Income Tax Payments/Accounting Fees

The Guardian is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

2.6 Miscellaneous Expenses

The Guardian is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of **$50.00** per month in connection with this guardianship.

2.7 Accounting Due Date

The Report and Accounting of the Guardian shall be filed and submitted to the Court for approval not later than **4/2008** (90 days after the first anniversary of the appointment of the Guardian).

2.8 Bond

Bond is currently set in the amount of $ _____. The amount of the bond [X] shall not be changed [ ] shall be changed to $ _____.

2.9 Guardian Fees

The Guardian is allowed to advance a monthly fee up to $ 0. This advance is approved for the next 12 months and 90 days thereafter, from the date of appointment of the Guardian to 4/12/07. Such fees are subject to review and approval by the Court at the next regular accounting. No presumption that these fees will be approved as reasonable is created by this authorization for advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim Guardian fees in the amount of $ _____ for services rendered and administrative costs (DSHS cases only) of $ 0 between 1/12/07 and 4/12/07 are reasonable and approved.

[ ] DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.79.030.

[ ] Non-DSHS cases. The above fees are approved for payment from the guardianship estate assets.

2.10 Attorney Fees and Costs

Attorney fees in the amount of $418.00 and costs in the amount of $ 7.56 are hereby approved as reasonable. They shall be paid from the guardianship assets of the Incapacitated Person, from the participation of the Incapacitated Person as an exception to policy, or other:

_____.

2.11 Other

_____

_____

_____.

Dated _____.

_____

Judge/Court Commissioner

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith _____

Print Name of Guardian/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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Superior Court of Washington
County of Spokane

In the Guardianship of: **Susan Silverman,** **Incapacitated Person**	**No. 07-4-00000-0** **Order Approving Personal Care Plan (ORAPRT)** **[X] Initial [ ] Periodic** **[ ] Clerk's Action Required**

Clerk's Information Summary

[X] Due Date for Next Periodic Personal Care Plan: **April 2009**
[ ] Other (Date and Purpose): _____
_____.

Based upon the petition of the Guardian of the Person and the documents filed with the petition, ***the court makes the following:***

I. FINDINGS OF FACT

The Personal Care Plan includes all of the facts necessary to give the court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

II. CONCLUSIONS OF LAW

The [X] Initial Personal Care Plan [ ] Periodic Personal Care Plan should be approved.

III. ORDER

The [X] Initial Personal Care Plan [ ] Periodic Personal Care Plan is approved.

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and access to any information, available to the guardian, including medical records, relating to the incapacitated person.

Dated _____.

_____
Judge/Court Commissioner

Presented by:

Mary A. Smith	**Mary A. Smith**	
Signature of Guardian/Attorney	Print Name of Guardian/Attorney	[ ] WSBA [ ] CPG#
3647 E. 36th Ave.	**Spokane WA 99203**	
Address	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** **Receipt of Funds into Blocked Financial Account (RCP)**

Receipt is hereby acknowledged of $**10,356.00**, deposited with the undersigned by **Mary A. Smith**, who is the [☒] Guardian, [☐] Guardian ad Litem, or [☐] Attorney for (name of Incapacitated Person) **Susan Silverman** . The deposit was made into Account No. (last four digits) **#....8943**.

The undersigned, financial institution agrees to hold this account and any subsequent deposits to the account and not to allow any withdrawals of the funds or securities from the institution, except under Order of this court. However, the institution may move the funds into different accounts, securities or investment vehicles without prior court order, provided the proceeds are not released from the control of the institution as a part of the transfer or transaction.

This receipt is binding on all successors, transferees, assignees, agents and employees of the undersigned financial institution.

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) **2/18/07**.

Harry B. Polk
Signature

Harry B. Polk
Print Name and Title

1st Bank of Spokane, Main Branch
Name of Bank/Financial Institution

(509)323-9999
Telephone/Fax Number

Spokane WA 99201
City, State, Zip Code

_____
Email Address

Superior Court of Washington
County of Spokane

Sealed

In the Guardianship of: Susan Silverman, Incapacitated Person	**No. 07-4-00000-0** **Declaration of Guardian: Assets Held in Financial Institutions (DCLR)** **Sealed Financial Source Document** **[☒] Clerk's Action Required**

File this declaration under a completed form WPF GDN 03.0200, Sealed Confidential Guardianship Document Cover Sheet.

The Guardian of the Estate of the person named above makes the following affidavit pursuant to the provisions of RCW 11.92.096:

1. Cause Number: 07-4-00000-0.
2. The Guardian was appointed by order entered on 1/12/07.
3. The Incapacitated Person's name is: Susan Silverman.
4. The number of each account holding the assets of Incapacitated Person and the number of the Safety Deposit Box, if any, in the Incapacitated Person's name are:

   Account Number: #12539745

   Account Number: #12539746

   Safety Deposit Box Number: _____
5. Address of client or depositor. The incapacitated client of depositor has the following address: 3647 E 36th Ave, Spokane WA 99203.
6. Name and Address of Guardian to be provided assets or access to assets Mary A. Smith, 3647 E 36th Ave, Spokane WA 99203.

7. The description of and the value of the assets, or, where the value cannot be readily ascertained, a reasonable estimate thereof is in the attachment or as follows:

   _____

   _____

   _____;

   and the Guardian receives delivery or control of each asset solely in the capacity of Guardian.

8. The date the Guardian assumed control over the assets was: 1/12/07.

9. A true and correct copy of the Letters of Guardianship duly issued by a Court to the Guardian is 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) WA on (date) 3/7/2007.

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

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Important information for the person completing this form:

Delivery of Assets to Guardian

All financial institutions as defined in RCW 30.22.040 (12), all insurance companies holding a certificate of authority under chapter 48.05 RCW, or any agent who constitutes a salesperson or broker dealer of securities under the definitions of RCW 21.20.005 (hereafter individually and collectively referenced as "institution") shall provide the Guardian access and control over the asset(s) described in (a)(vii) of RCW 11.92.096, including but not limited to delivery of the asset to the Guardian, upon receipt of the affidavit as outlined therein.

Instructions Per RCW 11.92.096:

Envelope, with postage prepaid, addressed to the Clerk of the Court issuing letters of Guardianship. The affidavit shall be sent in the envelope by the institution to the Clerk of the Court together with a statement signed by an agent of the institution that the description of the asset set forth in the affidavit appears to be accurate, and confirming in the case of cash assets, the value of the asset [RCW 11.92.096(b)].

Safety Deposit Box. Any Guardian provided with access to a safety deposit box pursuant to subsection (1) of section RCW 11.92.096 shall make an inventory of the contents of the box and attach this inventory to this affidavit before this affidavit is sent to the Clerk of the Court and before the contents of the box are released to the Guardian. Any inventory shall be prepared in the presence of an employee of the institution and the statement of the institution required under

subsection (1) of section RCW 11.92.096 shall include a statement executed by the employee that the inventory appears to be accurate. The institution may require payment by the Guardian of any fees or charges then due in connection with the asset or account and of a reasonable fee for witnessing preparation of the inventory and preparing the statement required by this subsection or subsection RCW 11.92.096 of this section.

Any institution to which an affidavit complying with subsection (1) of RCW 11.92.096 is submitted and rely on the affidavit without inquiry and shall not be subject to any liability of any nature whatsoever to any person whatsoever, including but not limited to the institution's client or depositor or any other person with an ownership or other interest in or right to the asset, for the reliance or for providing the Guardian access and control over the asset, including but not limited to delivery of the asset to the Guardian.

ABC Bank

12345 South Main Ave
Spokane, WA 99201

April 10, 2007

Spokane County Superior Court
1116 West Broadway Ave.
Spokane, WA 99260

Re: Guardianship of Susan Silverman

To Whom It May Concern:

This letter verifies that on February 28, 2007 Account # 12539745 had $175.69 & Account #12539746 had $814.00 as the guardian states in the declaration.

Sincerely,

Savannah Grey

Savannah Grey
Branch Manager

(509)926-1234/(509)926-4567 fax

ABC Bank@msn.com