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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

In the Guardianship of: _____) **Case No.:** _____)
)
) **DECLARATION OF MAILING**)
)
) Clerk's code: **(DCLRM)**)
_____,)
An Incapacitated Person.)
_____)

COMES NOW _____ (name), and states as follows:
On _____, 20____, I caused to be delivered via U.S. Regular Mail, a copy
of the following documents: _____
_____.

Name of Individual: _____
Street Address: _____
City, State, Zip: _____

Name of Individual: _____
Street Address: _____
City, State, Zip: _____

Name of Individual: _____
Street Address: _____
City, State, Zip: _____

Name of Individual: _____
Street Address: _____
City, State, Zip: _____

1 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON**
2 **THAT THE FOREGOING IS TRUE AND CORRECT.**

3 Signed at _____, Washington this ____ day of _____ 200____.

4 _____
5 Signature

_____ Printed Name

6 _____
7 Address

_____ Telephone/Fax Number

8 _____
9 City, State, Zip Code

_____ Email Address