

1 **C. A summary** of the relevant medical functional, neurological, psychological, or psychiatric history of
2 the Alleged Incapacitated Person as known to me:

3 **D. My findings** regarding the Alleged Incapacitated Person's capacity to manage personal or financial
4 matters are: _____.

5 **E. The following medication(s)** are currently prescribed to the Alleged Incapacitated Person for the
6 following condition(s).

7 Medication: _____ Condition: _____

8 Medication: _____ Condition: _____

9 Medication: _____ Condition: _____

10 **F. The effect of these current medications** on the Alleged Incapacitated Person's ability to understand
11 or participate in the Guardianship proceedings is:

12 **G. My opinion** as to the specific assistance the Alleged Incapacitated Person needs (*including items*
13 *such as household chores, managing finances*):

14 **H. I have also met or spoken** with the following individuals regarding the Alleged Incapacitated Person:
15 _____.

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

18 Signed at _____, Washington this ____ day of _____ 200__.

19 _____
20 Signature

Printed Name

21 _____
22 Address

Telephone/Fax Number

23 _____
24 City, State, Zip Code

Email Address