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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.:** _____
)
) **NOTICE OF CHANGE OF ADDRESS**
)
) Incapacitated Person (NTCA)
) Guardian (NTCA)
) Attorney (NTACA)
) Other Interested Party (NTCA)
)
) **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:**

Incapacitated Person. The Incapacitated Person's new address and phone number are as follows:

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: _____

Effective Date of Notice, if different from above: _____

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Signature of Person Giving Notice: _____

Printed Name of Person Giving Notice: _____

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 _____, Washington this ____ day of _____ 200__.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

INDIVIDUALS ENTITLED TO NOTICE:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____