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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 DEATH OF**
) **INCAPACITATED PERSON**
)
_____,) Clerk's code: (NTDW)
An Incapacitated Person.)
_____)

The Guardian hereby notifies the Court and interested parties that the above-named Incapacitated Person died on _____ (*date of death*) in _____ (*location of death*) Washington. At the time of death, the Incapacitated Person was _____ years of age, and was receiving custodial care at: _____.

The Guardian will file and present to the Court and interested parties a Final Report and Accounting within 30 days of the death, as required by State law.

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

Signed at _____, Washington this _____ day of _____ 20____.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address