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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 LOSS OF VOTING RIGHTS**
)
) Clerk's code: (NTLVR)
)
 _____) **CLERK'S ACTION REQUIRED – Send**
 An Incapacitated Person.) **Notice to County Auditor**
)
 _____)

On _____, this matter came before the court and a Guardian of the Person and/or Estate was appointed. Pursuant to Laws of Washington RCW 11.88.010, it has been determined that the individual named below lacks the capacity to understand the nature and effect of voting such that she or he cannot make an individual choice and should not retain the right to vote. Accordingly, the court has revoked their right to vote.

Name: _____ Date of Birth: _____

Address: _____

Date: _____

Signature of Filing Party

Printed Name/WSBA#/CPG#

Address

I hereby certify that I personally mailed the above notice to the Auditor of the county in which the incapacitated person resides on

Date Deputy Clerk, Pierce County Superior Court