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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.:**
)
) **PETITION FOR ORDER CLOSING**
) **GUARDIANSHIP AND DISCHARGING**
) **GUARDIAN**
)
) **An Incapacitated Person.**) **Clerk's code: (PTO)**
)

PETITION AND DECLARATION:

1. Guardianship History. The undersigned Guardian was appointed Guardian of the Incapacitated Person on _____ (date). The Court approved the Final Report of the Guardian on _____ (date), and ordered that the following steps be taken to effectuate the closure of this Guardianship: _____

_____.

2. Activities by Guardian Since the Entry of the Order Approving Final Report. Since the entry of the Order Approving the Final Report, the Guardian has completed all of the requirements and conditions set forth by the Court in that Order.

///

1 **3. Bond.** A Guardianship bond in the amount of \$_____ (enter 0 if there is no bond in effect)
2 with _____ (name of insurer on bond) identified
3 by bond number: _____ was filed and approved in this case.

4 WHEREFORE, the Guardian requests the following Order:

- 5 1. Determining that the Guardianship proceeding of the person and estate is completed.
6 2. Discharging the Guardian.
7 3. Exonerating the bond filed in this case, if any:
8 4. Directing the Clerk of the Court to close this case.

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

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

12
13 _____
14 Signature

13 _____
14 Printed Name

15 _____
16 Address

15 _____
16 Telephone/Fax Number

17 _____
18 City, State, Zip Code

17 _____
18 Email Address