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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 DIRECTING**  
) **SALE OF REAL PROPERTY**  
)  
\_\_\_\_\_, ) Clerk's code: **(PTDS)**  
An Incapacitated Person.)  
\_\_\_\_\_)

COMES NOW the Guardian and Petitions the Court for an order directing sale of real property, as follows:

- 1.** \_\_\_\_\_ was appointed Guardian on \_\_\_\_\_.
- 2.** On \_\_\_\_\_ the Court entered an order authorizing the sale of real property legally described  
 as follows:  
 as set forth in Exhibit A attached hereto and commonly described as \_\_\_\_\_

The statutory process authorized by the Court is as follows:

- public sale  
 private sale, using a real estate agent, if necessary  
 sale by negotiation

**3.** The Guardian has received an offer from \_\_\_\_\_  
of \$ \_\_\_\_\_, which is within 90 percent of the appraised value.

The offer was obtained:

- at public sale
- using the services of a real estate agent
- independently, without the services of a real estate agent.

A copy of the Purchase and Sale Agreement is attached hereto.

4. The Guardian believes it is in the best interests of the Incapacitated Person to accept the offer.

WHEREFORE, the Guardian requests an Order Directing Sale of the real property described hereinabove, under the terms set forth in the Purchase and Sale Agreement.

**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 \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
Signature of **Attorney**

\_\_\_\_\_  
Printed Name of Attorney, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

**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 of **Guardian**

\_\_\_\_\_  
Printed Name of Guardian, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address