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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.:**
)
) **RECEIPT FOR PAYMENT OF**
) **ATTORNEY'S FEES**
)
_____,) **Clerk's code: (RCP)**
An Incapacitated Person.)
_____)

I acknowledge receipt in the amount of \$ _____ from the Guardianship Estate. This amount is in full payment and satisfaction of attorney fees and costs approved by the Court by order entered on _____.

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	_____ Printed Name
_____ Address	_____ Telephone/Fax Number
_____ City, State, Zip Code	_____ Email Address