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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.:**  
)  
) **CREDITOR'S RECEIPT**  
)  
) Clerk's code: **(CRCP)**  
\_\_\_\_\_, )  
An Incapacitated Person.)  
\_\_\_\_\_)

I acknowledge receipt in the amount of \$ \_\_\_\_\_ from the Guardianship Estate. This amount is accepted in full payment and satisfaction of a claim that the Guardian or Court has previously approved, and which was submitted on behalf of \_\_\_\_\_.

**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