

**SUPERIOR COURT OF WASHINGTON
IN AND FOR SNOHOMISH COUNTY**

CASE NO. _____

In the Guardianship of:

**DECLARATION OF COMPLETION OF
GUARDIANSHIP OF MINOR
RCW 11.88.140(2); RECEIPT AND
WAIVER OF NOTICE**

A Minor.

GR 6 2-17

(Clerk's Action Required)

1. Legal Age:

The minor above named attained eighteen (18) years of age on the

Date (mm/dd/yyyy): _____

2. Delivery of Assets:

The Guardian(s), _____

Has/have paid or transferred all of the minor's assets in the Guardian's possession or control to said former minor, who has signed a receipt for all such accounts, funds, and assets, and a waiver of notice, as set forth below.

3. Completion:

The Guardian(s) has/have completed the administration of the estate, and the Guardianship is ready to be closed as to said minor.

4. Fees:

The total amounts of fees paid to the Guardian(s), attorneys, and accountant are:

	Amount	Source of payment
Guardian:		
Attorneys:		
Accountant:		

5. Notice of Filing:

The original of this Declaration of Completion shall be filed with the Court.

6. Finality:

The Guardian(s) believe(s) that the fees paid are reasonable and does/do not intend to obtain Court approval of the amount of the fees or to submit a Guardianship estate accounting to the Court for approval.

I/We certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my/our knowledge the statements above are true and correct.

Signed at _____, Washington

Dated (mm/dd/yyyy): _____

Guardian(s): _____
(Signature)

(Signature)

Printed Name of Guardian(s): _____

Address: _____

City, State, Zip: _____

Phone Number: () _____

Fax Number: () _____

Email Address: _____

RECEIPT OF FUNDS AND PROPERTY AND WAIVER OF NOTICE
OF FURTHER COURT PROCEEDINGS
(Attach a detailed list if necessary)

I _____, Being now
Eighteen (18) years of age, or older, do acknowledge receipt of all funds or other property previously held for me by
my above named Guardian(s), as follows (describe):

CASH: _____

Other: _____

I, understand that under the laws of the State of Washington (RCW 11.88.140(2)), I have the right to have notice
mailed to me of the filing of the Guardian's Declaration of Completion and my right to file and serve a petition
requesting the Court to review the same or for an accounting within thirty (30) days after the filing of the
Declaration of Completion. I hereby waive (give up) the right to such notice.

I/We certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best
of my/our knowledge the statements above are true and correct.

Signed at _____, Washington

Dated (mm/dd/yyyy): _____

Former Minor: _____
(Signature)

Printed Name of Former Minor: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____

Email Address: _____