

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

CASE NO. _____

In the Guardianship of:

**FINAL ACCOUNTING SUPPLEMENT
GR 1A 7-05**

_____ **an Incapacitated Person.**

General Instruction

This form is to be used by Guardians filing their **Final** Accounting and to be used as an attachment to the Accounting of Guardian Form (Form No. GR 1)

(A) NAME(S) of GUARDIAN(S) that this report is being made by (or for):

(B) REASONS for FINAL Account.

(Please check below the section applying to this Guardianship and furnish the information requested in that section.)

1. **The Incapacitated Person has died.** (Attach copy of Death Certificate if available)
- (a) Date of Death _____
 - (b) Probate Proceedings are commenced, intended, not intended.
 - (c) If commenced:

i. The Court and Case number _____

ii. The name and address of the Personal Representative or his/her attorney:

(d) If no probate proceedings have been commenced or intended, explain how the Ward's remaining assets, if any, have you or do you propose to be distributed and the basis for the same:

2. **The Incapacitated Person was a Minor and is now 18.**
Date of 18th Birthday _____

3. **Guardian(s) have or wish to resign.**

4. **Guardian(s) have been removed by Court Order.**

5. **Guardian(s) have died or become incapacitated.**

6. Other Reasons: _____

(C) SUCCESSOR OR REPLACEMENT GUARDIAN(S).

If another person(s) or agency has been appointed by the court to be guardian in the above matter, state their:

Name(s) _____

Address _____

(D) WHAT HAS HAPPENED OR WILL HAPPEN TO THE REMAINING ASSETS IN THE GUARDIANSHIP?

Upon completion of the Guardian's Accounting there may be a net balance of asset value (See 12e on Page 10 of the standard accounting form). You, as Guardian, are responsible to deliver such assets to the estate or other successors of a deceased ward; to a now adult minor; or to the successor or replacement guardian, as the case may be. State below your distribution plan with names and addresses of the person(s) receiving or to receive such distribution and amounts to each:

(E) PERSON(S) OTHER THAN GUARDIAN MAKING THIS REPORT.

If you are making this report on behalf of a Guardian who has died, become incapacitated or for any other reason became unavailable, unwilling or unable to make this report, please check here [] and provide the following:

Your Name(s) _____

Address _____

Telephone _____

Indicate your capacity, such as: Standby Guardian, Relative of Guardian or Ward, Accountant for either, etc. _____

I/we declare under penalty of perjury as defined by the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, Washington, on the _____ day of _____, 20____.

(Signature)

(Signature)