

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

In the Guardianship/Trust/ Settlement of:

an Incapacitated Person/Minor/Beneficiary

No.

**ORDER FOR WITHDRAWAL/
TRANSFER FROM
BLOCKED ACCOUNT(S)**

OR 21 11-06

[] (CLERK'S ACTION REQUIRED)

The Petition for Withdrawal or Transfer from Blocked Account(s) filed herein on _____ by _____ is hereby [] granted [] denied. If granted, in whole or in part, such [] withdrawal(s) [] transfer(s) are hereby authorized to be made from the blocked account(s) in the name or for the benefit of the above name incapacitated person, with _____ (Bank or Financial Institution) at it's _____ (Branch or Office) as follows:

- [] WITHDRAWAL(S) from Account(s) # _____
- in the total sum of \$ _____
- disbursed to _____
- in the following manner:
- [] Lump Sum
- [] In installments of \$ _____ from _____ to _____

Said funds shall be used only for the following purposes:

[] RECEIPT FOR SUCH EXPENDITURES shall be filed on or

before _____

Other conditions to this Order: _____

TRANSFER(S) from Account(s) # _____

of the following:

Funds in the amount of \$ _____

Securities: _____

To the following named financial institution or trust _____

Address _____

A RECEIPT FROM THE TRANSFEREE ACKNOWLEDGING
THAT THE FUNDS/SECURITIES ARE TO BE HELD SUBJECT TO
RELEASE OR DISBURSED BY COURT ORDER ONLY TO BE FILED
HEREIN ON OR BEFORE _____

Other conditions to this Order: _____

DONE IN OPEN COURT THIS _____ day of _____, 20__.

Presented by:

Judge/Court Commissioner

Signature of Guardian/Attorney

Printed Name of Guardian/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

E-mail Address