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

In the Matter of the Guardianship of:

An Incapacitated Person.

No.

**GUARDIANSHIP SUMMARY FOR
ANNUAL REPORT**

Reporting Period for **This** Report:

_____, 20____ to _____, 20____

Incapacitated Person

Name: _____

Address: _____

Daytime Phone: _____

Attorney for Guardianship

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Guardian

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Co-Guardian

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Date of Appointment: _____ Frequency of Report: ☐ 1 year ☐ 3 year

Type of Guardianship: (check all that apply)

☐ Full Guardianship of Person ☐ Limited Guardianship of Person

☐ Full Guardianship of Estate ☐ Limited Guardianship of Estate

Personal Care Plan filed: ☐ Yes ☐ No ☐ Not Required

Inventory of Estate filed: ☐ Yes ☐ No ☐ Not Required

Amount of Bond in place: \$ _____

Blocked Accounts receipts filed: ☐ Yes ☐ No ☐ Not Required

VA or DSHS served with report: ☐ Yes ☐ No ☐ Not Required

☐ The Incapacitated Person is a beneficiary of a Trust, which was approved by the court or is subject to court supervision. The Trustee's name, address, and court case number is: _____

Standby Guardian

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Other Person Requiring Notice:

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Alternate Standby Guardian

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Other Person Requiring Notice:

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Other Person Requiring Notice:

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

Other Person Requiring Notice:

Name: _____

Address: _____

Daytime Phone: _____

Email: _____

(attach extra pages if additional persons requiring notice exist)

I declare under penalty of perjury under the laws of Washington that the above information is true and correct.

Dated this _____ day of _____, 20_____.

Signed at: City: _____, State: _____

Signature of Guardian or Attorney

THURSTON COUNTY SUPERIOR COURT