Superior Court of Washington
County of Clallam

In the Guardianship of: _____ Incapacitated Person	**No**. **Guardianship Summary (GDSM)**

Date Guardian Appointed: _____
Due Date for Report and Accounting: _____
Date of Next Review: _____
Letters Expire On: _____
Bond Amount: $_____
Restricted Account Agreements Required: [ ] yes [ ] No
Due Date for Receipt(s) of Funds in Blocked Account(s): _____

Complete this Information Only for Order Appointing Guardian
Due Date for Inventory (no later than 3 months from appointment): _____
Due Date for Care Plan (no later than 3 months from appointment): _____
The clerk shall notify the auditor of loss of voting rights: [ ] Yes [ ] No

[ ] Certified Professional Guardian (CPG) [ ] Public Professional Guardian (PUG)
[ ] Lay (Family) Guardian (LGD) [ ] Training Completed [ ] Training Required

	Incapacitated Person (IP)	**Guardian of: [ ] Estate [ ] Person**
Name		
Address		
Phone		
Facsimile		

	Standby Guardian	**Interested parties**
Name		
Address		
Phone		
Relation to IP		