

**Superior Court of Washington
County of _____**

In the Guardianship of:

_____,
Incapacitated Person

No. _____

**Letters of Guardianship
(LTRGDN)**

Letters expire on (date): _____

These Letters of Guardianship provide official verification of the following:

On (date) _____, the Court appointed (name) _____ to serve as:

<input type="checkbox"/> Guardian of the Person	<input type="checkbox"/> Full	<input type="checkbox"/> Limited
<input type="checkbox"/> Guardian of the Estate	<input type="checkbox"/> Full	<input type="checkbox"/> Limited

for (name) _____, an incapacitated person.

The Guardian has fulfilled all legal requirements to serve, including, but not limited to: taking and filing the oath; filing the bond consistent with the court's order; filing any blocked account agreement consistent with the court's order; and appointing a resident agent for a nonresident guardian.

The Court, having found the Guardian duly qualified, now makes it known the appointed Guardian is authorized as the Guardian for the incapacitated person.

The next filing and reporting deadline in this matter is on (date) _____.

These Letters expire and are no longer valid on the date in the caption.

These Letters can only be renewed by a new court order. If the court grants an extension, new Letters will be issued.

Witness the Honorable _____ of Superior Court, and the seal of the Court affixed on (date) _____.

_____, Clerk of _____ County Superior Court

By: _____, Deputy Clerk

State of Washington)
)ss.
County of _____)

I, Nikki Botnen, Clerk of the Superior Court of Clallam County, Washington State, certify that this document represents true and correct Letters of Guardianship in the above entitled case, entered on (date) _____.



These Letters remain in full force and effect until the date the Letters expire, as provided above. The seal of the Superior Court has been affixed and witnessed by my hand on (date) _____.

Nikki Botnen, Clerk of Clallam County Superior Court

By: _____, Deputy Clerk

