

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

In the Guardianship of:

No.

Motion To: _____

an Incapacitated Person.

OR 5A 6/05

The undersigned _____ who has the
Name(s)

following relationship to the above guardianship and/or Incapacitated Person

_____, moves the court to order the following

This motion is based on the following:

_____ a

_____ a

I/we the above-named moving party(s) each declare(s) under penalty of perjury under the laws of the state of Washington that the forgoing is true and correct.

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

Signature

Signature

Address:

Telephone: (_____)_____