

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

In the Guardianship of:

CASE NO. _____

**Acknowledgement of Receipt of Motion and
Waiver of Notice of Hearing**

an Incapacitated Person.

I/We _____ the undersigned who is/are (check one) Guardian(s) Counsel of Record for

 Other person(s) entitled to receive notice of proceedings in the above matter, declare as follows:

I/We have each received a copy of the Motion to: Modify Guardianship
 Replace Guardian Terminate Guardianship Other wherein _____

is/are the Applicants, dated the _____ day of _____ 20_____.

I/We each waive notice of hearing of said motion and leave it to the court to make a determination of the matter.

Dated this _____ day of _____ 20_____

Signature

Signature