

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

In Re Guardianship of:

No.

**NOTICE OF CHANGE OF
NAME AND/OR
ADDRESS/PHONE NUMBER**

_____ ,

An Incapacitated Person.

**GR 7 05-11
(Clerk's Action Required)**

_____, the named Guardian(s) in the above-entitled matter, gives notice that the following change(s) of:

Name; Address/phone numbers; E-mail; have occurred for:

Guardian; Standby Guardian; Ward.

Name change to: _____

New Post Office Address(es): _____

Telephone Number(s) _____

E-mail _____ Date: _____

Signature