

# SPOKANE COUNTY SUPERIOR COURT GUARDIAN TRAINING HANDBOOK

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# SPOKANE COUNTY SUPERIOR COURT GUARDIAN TRAINING

## INTRODUCTION

Thank you for agreeing to serve as a guardian. The true guardian for all incapacitated persons is the Superior Court. The actual oversight and protection of the incapacitated person is delegated to the appointed guardian after a hearing for that purpose.

Upon your appointment as guardian, and throughout the guardianship, a number of tasks need to be completed and specific information submitted to the court, utilizing court approved forms. This information informs the court in detail of the incapacitated person's overall health, and general personal and financial status.

The purpose of this training and supporting materials is to provide information to guardians about the legal responsibilities of guardianship and to help you identify the various forms and due dates required for the Court's review. The forms are designed to help you present the required information in a logical and organized manner. The court, primarily through the Guardianship Monitoring Program (GMP), receives and reviews your reports to ensure that the guardianship is being managed in compliance with applicable legal requirements.

Neither the GMP nor the court can give you legal advice. This training, the materials and the forms ARE NOT a substitute for consulting with an attorney when you need direction or guidance in your duties as guardian. The incapacitated person's eligibility for public benefits, for example, can be very complex, can change annually, and is very case specific. Attorneys who practice in the guardianship field can provide invaluable advice to you, and the timing of your actions may be crucial to achieving the desired results.

Serving as guardian for an incapacitated person can and should be a rewarding experience. Hopefully, this training and materials will answer many of your questions about your duties as guardian. The role of a guardian as a fiduciary is an important one. It is essential that you take the job seriously and be aware of its various requirements. Thank you for your willingness to serve.

# SPOKANE COUNTY SUPERIOR COURT GUARDIAN TRAINING

## AGENDA

Spokane County Courthouse  
1116 W Broadway  
Jury Assembly Room  
Third Floor Courthouse Annex  
4:45 - 7 p.m.

Trainers: Commissioner Anderson, Grovdahl, and/or Rugel

- 4:45 p.m. Sign in and Welcome  
Overview of Training and Training Materials  
Introduction of Trainers
- 5:00 p.m. Guardians of Person & Estate
- PowerPoint Presentation
    - General Information
    - Statutes Governing Guardianships
    - Role and Duties of the Guardian
    - Reporting Requirements and Report Due Dates
    - Required Forms
    - Filing Paperwork
  - Questions and Answers
- 6:00 p.m. Break
- 6:15 p.m. Guardians of Estate - Accounting Training
- PowerPoint Presentation
    - General Information
    - Record Keeping
    - Report Due Dates
  - Accounting Process
    - Completing Accounting Forms
  - Questions and Answers
- 7:00 p.m. Evaluations and Closing

# **SPOKANE COUNTY SUPERIOR COURT GUARDIAN TRAINING**

## **DIRECTORY**

### **Guardianship Monitoring Program**

The Guardianship Monitoring Program is responsible for monitoring guardians handling of the ongoing care and financial affairs of incapacitated persons under court-supervised guardianships. Deliver copies of your reports and supporting documentation to the Guardianship Monitoring Program office which is located in room 101 of the Spokane County Courthouse.

### **Guardianship Forms**

The court approved guardianship forms are available online and can be viewed and downloaded at [www.spokanecounty.org/superiorcourt/guardianforms](http://www.spokanecounty.org/superiorcourt/guardianforms) or purchased from the Spokane County Bar Association, fourth floor annex, Spokane County Courthouse.

### **Clerk's Office**

The Spokane County Clerk's Office is located in room 300 of the Spokane County Courthouse. The clerk's office is responsible for processing and managing all Superior Court records. The official court files are maintained by the clerk's office. File your original reports and conform your copies in the clerk's office.

### **Ex Parte Department**

The Ex Parte Court is located in courtroom 304.

## GLOSSARY OF TERMS

**Alleged Incapacitated Person:** a person on whose behalf a petition for guardianship has been filed, but the court has not yet ruled on their capacity to manage their affairs.

**Incapacitated person:** a person who is determined by the court to be unable to provide their own needs to the point where they need someone appointed to manage their personal and/or financial affairs.

**Guardian:** a person legally responsible for the care of another.

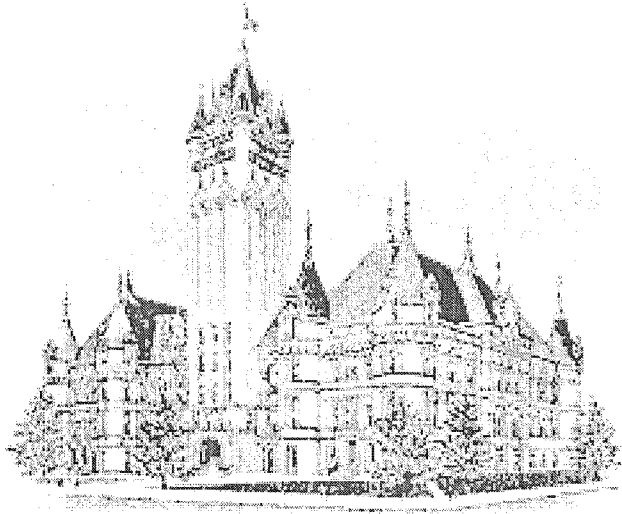
**Fiduciary duty:** the highest legal duty one owes to another when entrusted with the management of another's property and/or personal affairs.

**Bond:** an insurance policy designed to make the estate whole in the event of a loss due to the negligent or intentional acts or omissions of the guardian.

**Letters of Guardianship:** a document issued by the court clerk which evidences the guardian's power to act for the incapacitated person.

**Blocked Account:** a bank account or investment account from which withdrawals can only be made pursuant to a court order.

**Inventory:** a detailed list of assets, monthly income, and liabilities.



SPokane County Courthouse

# **VOLUNTEER GUARDIAN'S MANUAL**

Spokane County Superior Court  
Guardianship Monitoring Program  
1116 West Broadway Avenue  
Spokane, Washington 99260-0350  
509-477-2622

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# **VOLUNTEER GUARDIAN'S MANUAL**

THE PURPOSE OF MANDATORY GUARDIAN TRAINING AND THIS GUARDIAN MANUAL IS TO PROVIDE INFORMATION TO NEW GUARDIANS ABOUT THE LEGAL RESPONSIBILITIES OF GUARDIANSHIP. THE SPOKANE COUNTY SUPERIOR COURT CANNOT GIVE LEGAL ADVICE TO GUARDIANS ABOUT SPECIFIC PROBLEMS. WE URGE YOU TO CONSULT WITH AN ATTORNEY.

The Spokane County Superior Court Volunteer Guardian's Manual was published, with permission from the King County Bar Association, as a condensed version of the Family & Guardian's Handbook ©*Copyrighted* 2004 by King County Bar Association.

## Purpose of This Manual

This manual explains how to perform the duties of a guardian and is a reference for questions.

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## Forms

Forms may be viewed and downloaded from the internet at:

<http://www.spokanecounty.org/superiorcourt/guardianforms> or purchased from the Spokane County Bar Association, Fourth Floor Annex, Spokane County Courthouse.

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## Statutes

Title 11 RCW, Chapters 11.88 and 11.92 may be viewed and downloaded from the internet at: <http://apps.leg.wa.gov/rcw>

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## I. General Information

### a. Being a guardian

Guardianship is a *legal relationship* where a court appoints an individual or an agency as the guardian, and gives the guardian authority to make some or all decisions for another person, who is no longer capable of making those decisions without assistance. At best, guardianship protects and assists an incapacitated person by having an honest, concerned individual make decisions just as the incapacitated person would have prior to the onset of incapacity. When it is not possible to ascertain what the incapacitated person's decisions would have been, the next best scenario is to have an honest, concerned, and reasonably objective person make the decisions that further the best interests of the incapacitated person.

A guardian is a fiduciary. This means that the law has entrusted them with the power to act on another's behalf in managing their personal or financial affairs. The guardian must act in the utmost good faith when dealing with or for the incapacitated person. The guardian must use the highest degree of care in managing the incapacitated person's estate.

### b. Types of guardianships

There are guardianships of the person and guardianships of the estate. These guardianships may be full or limited. A guardianship may be of the person only, the estate only or of both person and estate. The same person may act as guardian of the person and the estate, but the two roles do not have to be filled by one person.

Guardianship of the person is granted when the court finds the incapacitated person unable to take care of their personal affairs. A guardian of the person is generally responsible for assisting with or providing personal care, housing and medical decisions for the incapacitated person. For example, a guardian of the person might decide what

types of medical care the incapacitated person may receive. However, the guardian cannot consent to some kinds of treatment without a court order.

Guardianship of the estate is granted when the court has determined that the incapacitated person is unable to manage their property and finances. A guardian of the estate is generally responsible for the management of the incapacitated person's finances and property. A guardian of the estate may be granted the authority to handle the incapacitated person's bank accounts, to enter into contracts, to pay bills and spend money on the incapacitated person's behalf, to make investments, and to sell the incapacitated person's personal property.

**c. Full or limited guardianship**

A full guardianship generally gives the guardian authority to make most or all decisions for the incapacitated person. A limited guardianship differs from a full guardianship only in that it gives the guardian authority over some, but not all areas of decision-making for the incapacitated person. A limited guardianship is established when the court believes that the incapacitated person is capable of making some personal decisions. In granting the guardianship, the court has delegated certain legal authority to the guardian. All decision-making powers not specifically granted to the guardian still lie with the incapacitated person. Encourage the incapacitated person's independence in exercising these rights and in exploring other abilities.

**d. Ensuring rights and interests are well served**

The guardian should appropriately help the incapacitated person maintain or regain maximum potential for independence. The guardian should encourage the incapacitated person to do as much self-care as possible. Whenever possible, the incapacitated person should be encouraged to express a preference about where to live and other choices. If the incapacitated person regains capacity to make decisions necessary for well being, the guardian should apply to the court to limit or terminate the guardianship.

The incapacitated person must have access to the court system as well as to legal counsel. The incapacitated person also has the right to expect early and clear notice of all guardianship proceedings.

**e. Consult and abide by the incapacitated person's wishes**

Consider all reliable evidence of the incapacitated person's wishes. Talk to the incapacitated person. Talk to the family about the incapacitated person's express desires and wishes before incapacity. Review the Guardian ad Litem Report, the medical reports, and any written evidence of wishes such as powers of attorney, wills, and letters. Try to make the same decision that the incapacitated person would have made absent the incapacity. This may not be the safest decision, or the decision that the guardian would have made for him/her self.

**f. Make decisions in the incapacitated person's best interest**

If the incapacitated person cannot understand the situation or is unable to effectively communicate, and there are no past reliable expressions of preference, then the guardian should base his/her decision on his/her judgment of the incapacitated person's best interests. A "best interests" standard is what a reasonable man or woman, acting as a guardian, would consider best after making a reasonable study of the situation.

When making any decision, try to recognize and protect as much as possible the needs and feelings of the incapacitated person. Of course, the guardian's decisions must be realistic as well. The incapacitated person's financial resources and the guardian's own ability to provide what the incapacitated person wants or needs are both factors that will influence the guardian's decisions.

**g. A guardian cannot place an incapacitated person in an institution against their will**

A separate court hearing is required to decide whether the incapacitated person should be in a mental hospital or institution. A similar situation exists for placement in a nursing home over the objection of the incapacitated person.

In these hearings, the incapacitated person has rights similar to those in the guardianship hearing. These include the right to a jury trial, the right to be present, the right to present evidence, and the right to be represented by an attorney.

**h. Arrange for the least restrictive environment possible**

Deciding where the incapacitated person should live is often the first, and perhaps the most difficult, decision a guardian of the person must make. Since a person's living situation has such a major impact on the quality of life, the guardian should try to give the incapacitated person a choice about where to live. Look for a situation that offers the incapacitated person as much independence as possible. Try to minimize the changes the incapacitated person will need to make. Ensure that the incapacitated person is able to receive visitors and communicate with friends and family.

The guardian may find that the need to move is the underlying reason for establishing a guardianship, especially when Adult Protective Services is involved.

While the guardian cannot lock an incapacitated person in a residence or facility against their will, the guardian does have the legal authority to make the decision on where they will live. Many persons with dementia or other incapacity do not want to leave a familiar place. However, the familiar place may no longer be able to provide the care needed. The guardian must then follow through and make suitable arrangements.

Prior to placement in a nursing facility, the DSHS case management professionals should be consulted to be sure there are no other less restrictive alternatives that might be appropriate. There may not be a lot of options, and all options may present risks. All available least restrictive placement options should be explored before a recommendation is made. In this context, a less restrictive situation might be one that allows more freedom or provides less structured care for the incapacitated person.

**i. Make sure of necessary services and rehabilitation**

The guardian should investigate and make use of community resources that are available and appropriate for the incapacitated person. Support services that promote independence should be explored. The community may have a visiting nurse service, meals-on-wheels, homemaker services, rehabilitation training for those who have lost their sight or suffered a stroke, programs which provide volunteers to do shopping and light maintenance work, or volunteers that read for people who need these services. Access to these services is through a case manager or Senior Information and

Assistance (I&A), which is available through the local Aging and Long Term Care Agency, (509) 458-2509.

If the incapacitated person's financial resources are insufficient to meet basic needs, the guardian should look for ways to obtain needed services at no cost, or to supplement the financial resources. A guardian is not expected to use their own money to care for the incapacitated person, but rather should investigate and take advantage of community programs that provide the appropriate assistance. This may require making an application to the state for benefits or entitlements.

## **j. Driving**

When a court establishes a guardianship, it automatically makes the incapacitated person ineligible for a driver's license. However, the court can override this if it makes a specific finding that the incapacitated person may continue driving and is not a danger to others on the road. If the incapacitated person has a driver's license and the court did not make a specific finding about driving, send The Department of Licensing a copy of the court order finding the incapacitated person incapacitated and establishing the guardianship. See RCW 46.20.031 Ineligibility (For driver's license).

### **1. Vehicles**

There may be times when the incapacitated person's car needs to be maintained for a friend or relative to drive. Both the car and driver must be insured. Paying the cost of transport in a friend's properly insured vehicle is always preferable. The incapacitated person should not have keys or access to any vehicle unless the court has found driving to be an appropriate activity, regardless of who owns the vehicle.

Sale of any vehicle should be explored. However, before selling the incapacitated person's vehicle, there must be a court order allowing sale.

## **k. Report the following to the court within 30 days**

- Any changes in assets resulting in a current balance of more than \$3,000 in cash or near cash assets
- Address changes and
- Death of the incapacitated person.

## **l. Actions Requiring Court Approval**

Following is a list of actions that require court approval prior to action being taken by the guardian. This list is not all-inclusive.

- Placement of incapacitated person in a nursing home or residential treatment facility against their will
- Extraordinary medical procedures, e.g. reproductive surgery, psychosurgery, electro-convulsive therapy (ECT), involuntary administration of psychotropic medication

- Extension of reporting deadlines
  - Disbursements and allowances from estate after 90 days from appointment as guardian
  - Settlement and payment of disputed claims
  - Performance of a contract entered into by the incapacitated person prior to the appointment of guardian
  - Compensation, attorney fees, and extraordinary costs
  - Gifting of incapacitated persons property to a 3<sup>rd</sup> party
  - Sale, disposition or encumbrance of real estate or personal property
  - Termination of guardianship
  - Discharge of guardian
- 

## **II. Initial Duties of the Guardian**

### **a. After the hearing to establish the guardianship**

The court will sign an order appointing the guardian. Once the order is signed, the guardian must file the Oath of Guardian (WPF GDN 04.0200), post any bond required, and obtain Letters of Guardianship from the Clerk of the Court for a small fee. This is not the clerk in the courtroom, but the one at the main Clerk's Office, room 300, Spokane County Courthouse. Letters of Guardianship will expire annually.

To file the oath and get Letters of Guardianship issued, the guardian must go to the Clerk's office, room 300. It may be helpful to have one certified copy of the Order Appointing Guardian. The expiration date can be found on the letters of Guardianship.

If the court order requires that the guardian post a fiduciary bond, one can be obtained from an insurance agency. Bring the original bond to court to be signed by a judicial officer and filed with the clerk. The bond must be approved by a judicial officer before the clerk can issue Letters of Guardianship.

The Clerk's Letters of Guardianship certify that the guardian has been appointed and has the authority to proceed. Banks, case managers, financial institutions, and medical care providers may need a copy of the Letters of Guardianship and a copy of the Order Appointing the Guardian. The clerk will provide the Letters of Guardianship form.

If the guardian is a non-resident of the State of Washington, a resident agent must be designated using the Designation of Resident Agent form (WPF GDN 04.0300). The resident agent is a person that is a resident of the State of Washington and resides in the county in which the guardianship is established who would be served with legal documents in the event the guardianship is the subject of legal proceedings.

Each guardian must designate a standby guardian using the Designation of Standby Guardian form (WPF GDN 04.0350). This person is designated to temporarily act in the guardian's place if the guardian becomes unavailable for any reason during their appointment as guardian.

The guardian must notify the Washington State Department of Revenue of the existence of the guardianship within 60 days of the guardian's appointment. The guardian may send a copy of the Order Appointing Guardian, along with a dated cover letter, giving notice of the appointment of guardian to the Department of Revenue, Taxpayer Account Administration, Attn: Business Registration, P. O. Box 47476, Olympia, Washington 98504-7476. **The guardian should save a copy of the dated cover letter.** It is the guardian's responsibility to continue payment of any taxes due on behalf of the incapacitated person out of the guardianship funds. If the Department of Revenue is not given notice of the guardian's appointment, the guardian may be personally held liable to pay any taxes and penalties on any amount owed by the incapacitated person.

The guardian must notify the Internal Revenue Service with a Notice Concerning Fiduciary Relationship (IRS Form 56) and a copy of the Letters of Guardianship. The guardian is a fiduciary of the incapacitated person and assumes all the same powers, rights, privileges, and duties regarding the imposition of taxes. The guardian may want to check with his/her accountant or the IRS concerning the form.

Number 14 (Notice of Right to Receive Pleadings) of the Order Appointing Guardian may require the guardian to notify certain parties of their right to file a Request for Special Notice (SPO GDN 02.0260) with the Court. This notification is done by completing and filing the Notice of Right to Request Special Notice (WPF GDN 04.0800) and mailing copies to persons and/or agencies requiring this notice. By filing a Request for Special Notice, interested persons are entitled to notice, by the guardian, of all or certain steps in the administration of the guardianship.

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### **III. The Responsibilities of a Guardian of the Person**

The legal responsibilities of a guardian of the person are spelled out in the Revised Code of Washington (RCW) and the court order appointing the guardian. A guardian of the person is generally responsible for assisting the incapacitated person with the daily decisions that affect personal life. For example, a guardian of the person would be empowered to decide where the incapacitated person should live and to make medical decisions. In order to do this, the guardian will have to gather some knowledge of the incapacitated person's finances as well as the incapacitated person's personal needs.

#### **a. Limits on decisions of a guardian of the person**

A separate court order is required for some decisions in all guardianships. See Actions Requiring Court Approval on pages 4 and 5 of this manual. The guardian may file a Petition for Instructions (SPO GDN 02.0500) with the court if there are questions regarding the guardian's authority.

## **b. Policing the personal life of the incapacitated person**

Beyond the legal requirements that are spelled out in the statutes and the court order, it is often the case that the guardian will feel it necessary to police the social or sex life of the incapacitated person. This may be inappropriate, even when well intentioned. Unless there is abuse or clear exploitation, all people have a right to a social life.

Protection Orders and Adult Protective Services (**1-866-ENDHARM; 1-866-363-4276**) are available to prevent abuse and exploitation, but the guardian should not try to impose conditions on movement or access to friends or relatives to the incapacitated person unless this is required for their safety.

For incapacitated persons living in residential settings rather than their own homes, the Residents Rights Act is clear on this point. For incapacitated persons in their own home, a guardian will find it is very difficult and often unrealistic to try restricting the incapacitated person's social life. The guardian's job is not to police the morals of the incapacitated person or to impose the guardian's own value system on the incapacitated person.

## **c. Initial Personal Care Plan**

A new guardian of the person must file a report with the court, within 90 days after they are appointed, describing the incapacitated person's current status. The report includes mental and physical condition, living arrangements, and medical treatment. This is done by completing and filing the Initial Personal Care Plan (WPF GDN 04.0700).

The Initial Personal Care Plan is designed to give the court information. Much of the information can be found in other documents, such as the Guardian ad Litem report, the medical/psychological reports in the case file and DSHS assessments used to determine eligibility for care.

### **1. Sources of Information**

The guardian needs to speak with the incapacitated person's doctors, case managers, and any other care professionals involved. Even if the guardian is appointed solely as guardian of the person, the guardian needs to investigate the assets that the incapacitated person owns. This information will be necessary to assess the resources available to create a plan of care.

If the incapacitated person is receiving long-term care, there will be a care plan prepared by a Case Manager from the Area Agency on Aging (AAA), Home and Community Services Division (HCS) or the Division of Developmental Disabilities (DDD). The information in the Case Manager's care plan may be useful in preparing the guardian's plan of care.

### **2. Medical Evaluation**

To create a plan of care, the guardian needs to know if the incapacitated person has ongoing treatment needs. If a medical evaluation was done for the court, the guardian may find it helpful. In most cases the guardian will need to be in contact with the doctor used by the incapacitated person. The best way to identify the medical practitioners in the incapacitated person's life is to go with the incapacitated person to an appointment. Where the incapacitated person



lives in the community rather than in a residential setting, the guardian needs to clearly state what the person's medical needs are and how they will be met.

**d. Periodic Personal Care Plan**

The guardian must update the care plan for the incapacitated person, normally, on an annual basis. This is done by completing and filing the Periodic Care Plan (WPF GDN 05.0700). This form must be filed annually no later than 90 days after the anniversary date of the appointment of the guardian. It is important for the guardian to calendar this date. **It is the guardian's responsibility to keep track of the due dates for periodic reports to the court.**

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## **IV. The Responsibilities of a Guardian of the Estate**

A guardian of the estate must manage the property and pay the incapacitated person's bills as needed for the incapacitated person's support, education, and care. The guardian must file with the court an inventory of the incapacitated person's property and keep accurate records of money received and spent. Reports to the court must be made regularly.

The guardian does not have the same degree of discretion as he/she would with his/her own assets. The guardian is free to speculate with his/her personal funds, but as guardian of the estate, he/she must invest the incapacitated person's assets prudently and conservatively. The guardian may deposit income, invest assets, and pay bills, as well as handle taxes, insurance, and legal claims. This duty to manage the incapacitated person's estate prudently does not, of course, mean that the guardian should allow the incapacitated person's needs to go unmet in order to preserve the estate. The guardian's primary duty is to use assets for the benefit of the incapacitated person. Saving money so it can be passed to the incapacitated person's heirs is inappropriate.

**a. Limits on decisions of a guardian of the estate**

A separate court order is required for some decisions in all guardianships. See Actions Requiring Court approval on pages 4 and 5 of this manual. The guardian may file a Petition for Instructions (SPO GDN 02.0500) with the court if there are questions about how to care for the estate. These questions might include the appropriateness of selling the house, suing for recovery of assets, buying a house, selling cars, or selling other personal property.

**b. Inventory**

A guardian of the estate is required to complete and file a Guardianship Inventory (WPF GDN 04.0500) with the court within 90 days after they are appointed. The Order Appointing the Guardian should contain the due date for the inventory. The inventory sets out assets, income, liabilities and debts and approximate value of the incapacitated person's property.

**c. Sources of Information**

The guardian needs to speak with the doctors, case managers, and others involved in the care of the incapacitated person. Even if the guardian is appointed solely as guardian of the estate, the guardian needs to understand the extent of the incapacitated person's incapacity. This information is needed in order to assess resources for which the incapacitated person may qualify, and to assess whether the incapacitated person may participate in estate decisions.

**d. Take possession of assets/asset finding**

The guardian of an estate must take control of the assets. This means going to banks and other companies or institutions that hold the incapacitated person's assets. It may mean setting up accounts and changing the form of assets from one type to another. For example, an expired CD may need to be renewed, a stock may need to be sold, or a debt may need to be collected.

If personal property assets (not real estate) belonging to the incapacitated person are found, the guardian has a responsibility to place all personal property assets in safekeeping or change title of ownership to the name of the guardian appropriately. This means title should read *John Doe as Guardian for Jane Doe*.

**e. Assets held by a bank, brokerage firm, or other financial institution**

To obtain control of the incapacitated person's assets at a bank or financial institution, the guardian must supply them with a copy of the Letters of Guardianship and the Order Appointing Guardian.

The guardian may wish to give the bank or financial institution one or more of the following instructions as may be appropriate:

- Process the name and Social Security number of this individual through the computer system or database for any active or closed checking and savings accounts, IRA, money market accounts, certificates of deposit, safe deposit boxes, etc.
- Retitle all accounts to read *John Doe as Guardian for Jane Doe*.
- Change the address to guardian's address.
- Obtain a current statement for each account.
- Check for any direct deposits.
- If accounts have been recently closed, indicate when that occurred.
- Furnish them with a copy of a completed Declaration of Guardian: Assets Held in Financial Institution Form

## **f. The budget and the plan**

The guardian should create a budget immediately after the assets are collected, regular income is identified and normal expenses are determined. Once the budget is complete, informed financial plans necessary to prudently manage the estate can be made.

## **g. Guardian's bond/blocked accounts**

The original court order establishing the guardianship may require a bond. A bond is a form of insurance policy. The guardian bond ensures reimbursement of the estate for losses that might be suffered through the guardian's theft or mishandling of the incapacitated person's assets.

The bond may be waived if the incapacitated person's cash assets are under \$3,000. No bond is generally required for real property because real property cannot be sold or mortgaged without prior court approval. A fiduciary bond is obtained from an insurance company and requires an annual premium.

If the court has ordered that an account be blocked, the guardian must furnish a Receipt of Funds in Blocked Account form (WPF GDN 04.0600) to the bank or financial institution. An authorized representative must complete and sign the form. The original must then be filed with the court. The Order Appointing Guardian should contain the due date for this form.

## **h. Banking**

The title on any account should be in the guardian's name as guardian of the incapacitated person, i.e. *John Doe as Guardian for Jane Doe*.

The guardian may wish to establish a burial account of not more than \$1,500. This can be in a savings account labeled as a burial account without disturbing the incapacitated person's eligibility for Medicaid or other public benefits.

### **1. Investment accounts**

Basic guardianship accounts require federal deposit insurance. Accounts and assets such as stock are held in the guardian's name, as guardian for the incapacitated person.

### **2. Separate accounts**

**It is most important that the guardian keep his/her own assets absolutely and completely separate from those of the incapacitated person. Separate bank accounts must be maintained.** No joint accounts. No joint ownership.

Even small amounts of money must be maintained separately at all times.

Accounts maintained for the guardianship are to be titled as follows: *John Doe as Guardian for Jane Doe*.

## **i. Income & Expenses**

Most income is periodic, and for the persons who need volunteer or family guardians it often comes from government sources, trusts or pensions. Almost any regularly recurring income can be directly deposited into a guardianship account at a financial institution.

Most expenses will be recurring. The guardian should create a complete list as soon as possible. Establish a system if the incapacitated person needs to have their spending money in small frequent amounts. If cash (currency) is provided to the incapacitated person a Cash Receipt Journal must be maintained so that the incapacitated person can sign for the date and amount provided. This is needed to create a paper trail for the guardianship funds.

**j. Insurance**

Insure all real estate, vehicles, any stored, or high value personal property belonging to the incapacitated person.

**k. Record Keeping**

There are many ways to keep records, and as guardian, there are many records to keep.

Record keeping does not have to be complicated, but it must be accurate and thorough. The accuracy of records is important when the reports for the court are prepared. Inadequate record keeping or failure to keep records makes accurate reporting difficult at best and often impossible. Furthermore, inadequate record keeping may be a violation of the guardian's fiduciary duty of care. Receipts must be kept to show how money has been spent. The checking account should provide cancelled checks or scanned images. These, along with bank and brokerage statements, are required to conduct an audit.

Courts often require receipts for all expenditures made for the incapacitated person's benefit. In any case, it is helpful to keep such records so that the annual accounting to the court will be accurate.

The court is responsible for monitoring the guardianship to ensure the incapacitated person's estate is handled properly. If the estate's records are not kept to the court's satisfaction, the court may name a new guardian and can charge the outgoing guardian the cost of rebuilding the records. The court can also charge the guardian for expenses that are not properly documented.

**l. Sale of real estate**

This is complicated and the guardian should get the assistance of an attorney, who can be paid from the proceeds of the sale. However, forms are available.

**m. Sale of major items of personal property**

This is also very complex. If the asset has sufficient value, the guardian should hire an attorney. For personal property of minor value, submit a Petition for Instructions (SPO GDN 02.0500) to the court and request permission for a negotiated (garage) sale without advertisement.

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## V. Trusts

### a. Trusts in general

The incapacitated person may be the beneficiary of a trust. A trust is money (and sometimes property) held by a trustee who oversees how the money is managed and spent. There are several types of trusts. They may be established in a will, from a parent, or other person interested in the welfare of the incapacitated person.

### b. Special Needs Trusts

A Special Needs Trust is one kind of trust. It limits the trustee to spending money only for certain specified purposes. This type of trust is established to maintain eligibility for public benefits and at the same time make money available to the beneficiary for special needs. Generally, the trustee has broad discretion on spending decisions within the purposes of the trust. The laws and requirements of Special Needs Trusts are complex. The laws in this area change frequently. When seeking legal advice on this type of trust, one should consult a lawyer that specializes in this complex area.

### c. Working with a trustee

Bear in mind that the trust is separate from the guardianship. The guardian is not automatically the trustee.

Do not hesitate to ask the trustee about the funds available for the incapacitated person and how the funds may be used to benefit the incapacitated person. Learn what the specific purposes are for which money may be released from the trust. A clear understanding about how, and for what, the funds may be used will make relations with the trustee much less confusing and will avoid misunderstandings and arguments. In order to understand the purpose of the trust, review a copy of the trust document or will that creates the trust.

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## VI. Annual Report & Accounting (Guardian of the Person & Estate and Estate Only)

The court will set reporting dates for the guardian. The reporting dates will be specified in the original court order appointing the guardian. The guardian must have a clear understanding of report due dates. **It is the guardian's responsibility to keep track of due dates for all reports to the court.** The normal due dates for the annual report will be 90 days after the anniversary date of the guardian's appointment. This report is done by completing and filing the following forms:

- Guardian's Report, Accounting and Proposed Budget (SPO GDN 02.0290)
  - Accounting Summary Form #1 (SPO GDN 02.0291) or #2 (SPO GDN 02.0292).
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## VII. Petitions for Instructions

A situation may arise in which the guardian is uncertain of his/her authority. If this occurs, the guardian may file a Petition for Instructions (SPO GDN 02.0500) with the court. This petition informs the court as to facts surrounding the given situation in which the guardian is uncertain of his/her authority.

The guardian must provide notice to all interested parties and the incapacitated person. Interested parties, as well as the incapacitated person, have the right to respond. They may file statements in opposition to the guardian's petition and dispute the facts presented by the guardian. A judicial officer then makes a ruling and enters an order as to the scope of the guardian's authority.

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## VIII. Payment or Reimbursement for Costs

### a. Payment versus reimbursement

In some cases, there is no budget or method to pay for a guardian. Some incapacitated persons are not able to participate in their cost of care. Some persons have no money to pay fees. The court may order reimbursement of expenses. Reimbursement for guardianship expenses is paid from the incapacitated person's assets or income. Some incapacitated persons have no assets or income. As a volunteer guardian, he/she may be helping an incapacitated person that cannot pay. If the incapacitated person is a DSHS client, check with a case manager about community resources available to provide financial support for payments or reimbursements.

### b. Records to keep

Keep receipts for expenses and mileage records showing date, mileage, destination and purpose of the trip.

Keep track of parking, meals, supplies, and incidentals. **If the guardian buys a gift for the incapacitated person, it should come from the guardian's money not the incapacitated person's money.**

Guardians should figure expenses, mileage, meals, and supplies at cost or the standard government reimbursement rate.

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## IX. The Termination of an Adult Guardianship

### a. Recovery of competency

If the incapacitated person regains the ability to make competent decisions, the incapacitated person or the guardian can petition the court to terminate the guardianship. If the petition to terminate is granted, the guardian must provide a final account to the court within 30 days of the termination of the guardianship by completing and filing the Petition for Order Approving Guardian's Activities and Final Report (WPF GDN 06.0600). All remaining personal and real property must be returned to the control of the former incapacitated person.

## **b. Death**

The guardianship terminates automatically at the death of the incapacitated person. The guardian's control over the incapacitated person's assets automatically terminates.

**However, the guardian is required to file a final report with the court.** Notice of death must be provided to the court, within 30 days of the death of the incapacitated person, by completing and filing the Notice of Death of Incapacitated Person (WPF GDN 06.0300) or a certified copy of the death certificate. The guardian must provide a final account to the court within 30 days of the date of death by completing and filing the Petition for Order Approving Guardian's Activities and Final Report (WPF GDN 06.0600).

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# **X. Closing the Estate**

## **a. Burial**

If the incapacitated person has family, they should handle burial or funeral arrangements. See RCW 68.50.160 for explanation of the priority of family members to control disposition of the deceased. If there is no family, the guardian by default may finalize burial or funeral arrangements. The guardian should attempt to fulfill the incapacitated person's wishes, if those wishes are known. If the incapacitated person's wishes are not known and there are no religious or philosophical objections, cremation may be considered as a more cost effective alternative.

Planning ahead for burial or cremation may help. A savings account of up to \$1,500 designated for burial expenses may be considered an exempt asset when applying for public benefits such as SSI or Medicaid. An insurance policy to cover burial or cremation costs may also be exempt. Ownership of a gravesite may also be exempt and should not disqualify the incapacitated person from benefit programs. While the guardian's power to administer funds normally ceases upon the death of the incapacitated person, it is permissible to pay the final expenses from the estate.

## **b. Veteran's burial**

If the incapacitated person was a veteran, the guardian should go to the Veteran's Administration (VA) website at [www.va.gov](http://www.va.gov) (and click on burial benefits) or call **1-800-827-1000**. It will be important to notify the VA of the death. RCW 68.50.160 is instructive on who has authority to direct disposition of human remains. United States military cemeteries are located in Auburn and Medical Lake, Washington. Potential burial benefits, veteran's cemetery placement and headstone assistance should be discussed with the Veteran's Administration.

## **c. Closing the estate**

If there are significant assets in the estate on death of the incapacitated person, the guardian would normally file a separate probate case to arrange payment of any creditors and distribute funds to heirs. There is also a legal procedure that can be used to have the guardian apply to the court for an order granting powers to perform these services. Another procedure may apply for small estates under \$60,000. The decision on how to proceed may be complex and require consultation with an attorney. If there

are little or no funds left after payment of final expenses, no additional probate procedure may be required.

**d. Closing a minor's guardianship**

The guardian may terminate a guardianship for a minor by filing a Declaration of Completion of Guardianship of Minor (WPF GDN 06.0100), a Notice of Filing of Declaration of Completion (WPF GDN 06.0200) and a Declaration of Mailing (SPO GDN 02.0630). This states that the child has attained the age of 18 and all assets have been turned over to him/her. The declaration of mailing is included as part of the form.

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## **Thank You!**

Thank you for considering or assuming the role of guardian for a vulnerable person. This service is a tremendous value to the community and the incapacitated person.

Because of the guardian's dedication and caring, one vulnerable adult will be protected. Without volunteer and family member guardians, the number of unprotected vulnerable adults would skyrocket. Thank you for caring.



# WELCOME TO SUPERIOR COURT MANDATORY GUARDIAN TRAINING

## Guardian of the Person & General Information

- Training will provide general info about responsibilities as guardian
- It will not provide legal advice



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## Helpful Information

- Forms you will need are available on the internet for free and may also be purchased at the courthouse
- Statutes governing guardianships are also available online and at the county law library
- Answers to many of your questions may be found in your training materials



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## The Role of the Guardian

- This is an important position of trust
- The responsibilities of a guardian are known as fiduciary duties
- Fiduciaries are held to very high standards
- A guardian must always act in the best interest of the incapacitated person



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### Decision Making Methods

- Substituted Judgment – taking into account IP's values, statements, history, etc. What would he/she do if he/she were competent ?
- Best Interest – Used if IP never had capacity or there is no knowledge of history of values and preferences. What do you believe is the best choice ?



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### Expectations of Guardians

- Loyal to the interests of the IP
- Honest and trustworthy
- Competence in investment and business decisions
- Full disclosure to the IP



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### Limitations on Guardians

- Must avoid conflicts of interest or self-dealing; including the appearance of either
- Cannot allow assets of the estate to waste or be dissipated
- Cannot overreach the IP, i.e., can't go beyond reasonable bounds to influence the IP



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### Possible Consequences for Breach of Fiduciary Duties

- Financial sanctions issued by the court
- Removal as guardian
- Personal liability for breach



3/11/2014

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### You are appointed – Now What?

- Sign & file Oath of Guardian (Form #20)
- Obtain a bond, only if you are Guardian of the Estate and the Court has ordered it
- Designate a Resident Agent (Form #20A), only if you do not live in Washington
- Obtain Letters of Guardianship from the County Clerk's Office, Room 300



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### Filing Guardianship Papers

- Most original papers are filed in the Court Clerk's Office, Room 300
- Unsigned Court Orders and copies of Personal Care Plans and Reports are delivered to Room 103, the Guardianship Monitoring Program.
- Supporting materials for accountings, such as bank statements and checks are not filed, but are delivered to Room 103. Instructions will be provided.



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### Due Dates for Reports and Filings

- The "Guardianship Summary" on the Order Appointing Guardian contains due dates
- **It is the Guardian's responsibility to calendar the dates and file reports on time**



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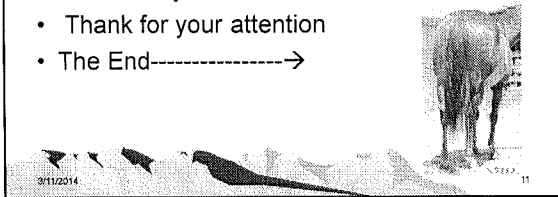
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### More Questions?

- Refer to your Manual
- The Guardianship Monitoring Program staff will be able to answer your questions and direct you to additional resources
- Thank for your attention
- The End----->



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**GUARDIAN TRAINING**  
**SPOKANE COUNTY**

Guardian Of The Estate



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**LETTERS OF GUARDIANSHIP**

- Issued In Clerk's Office Rm. 300
- Fee \$5.00
- Oath
- Designation of Resident Agent (For Out Of State Residents Only)
- Bond (If Ordered)
- Proof Of Completion Of State And Local Guardian Training



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**BANKING PROCEDURES**

- Provide Copy Of Letters And Order Appointing Guardian
- Declaration Of Guardian: Assets Held In Financial Institution
- Establish Checking Account To Pay Bills
- Title Account: John Smith As Guardian For Mary Jones



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### BANKING PROCEDURES CONTINUED

- Confirm Scanned Images Or Actual Cancelled Checks
- Avoid Cash Withdrawals By Atm Or Otherwise
- Debit Cards Acceptable
- Receipt Of Funds In Blocked Account



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### FILING 90 DAY REPORTS

- Inventory
- Petition To Approve Budget, Disbursements And Initial Personal Care Plan
- Order Approving Petition
- In Person Procedure Vs. Mail-in Procedure



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### FILING ANNUAL REPORTS

- Guardian's Report, Accounting And Proposed Budget (+Copy)
- Accounting Summary #1 Or #2 (+Copy)
- Order Approving Report (+Copy And Stamped Return Envelope)
- Scanned Images Of Checks
- Bank Statements (Original Or Copies)
- Proof Of Value Of Major Assets



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**ACCOUNTING TIPS**

- Income And Expense Lines Call For Annual Totals (Not Estimates Or Monthly Figures)
- Footnote Items An Auditor Might Not Understand
- **Co-guardians Must Each Sign All Documents**
- Alternative Reports For Representative Payees
- Cash Journal Receipt

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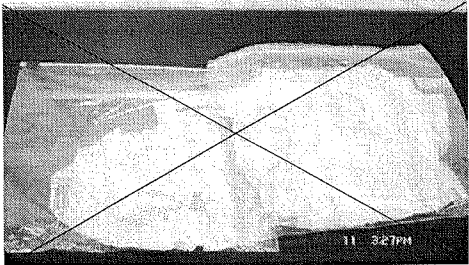
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**THIS IS NOT AN ACCOUNTING**



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## GUARDIAN'S TIMELINE & CHECKLIST

### **Actions to be completed immediately after appointment as guardian**

- \_\_\_\_\_ Oath of Guardian filed
- \_\_\_\_\_ Letters of Guardianship issued by clerk
- \_\_\_\_\_ Bond (if ordered) approved by judicial officer (Letters of Guardianship cannot be issued until the bond has been approved and filed.)
- \_\_\_\_\_ Resident Agent designated (out-of-state guardian only)

### **Actions to be completed within 30 days of appointment as guardian**

- \_\_\_\_\_ Notification of appointment of guardian mailed
  - Washington State Department of Revenue
  - IRS
- \_\_\_\_\_ Notice of Right to Request Special Notice given
- \_\_\_\_\_ Receipt of Funds in Blocked Account filed, if ordered (guardian of estate)

### **Actions to be completed within 90 days of appointment as guardian**

- \_\_\_\_\_ Standby Guardian designated
- \_\_\_\_\_ Inventory filed (guardian of estate)
- \_\_\_\_\_ Initial Personal Care Plan filed and approved (guardian of person)
- \_\_\_\_\_ Budget, Disbursements and Initial Personal Care Plan approved (guardian of estate)

### **Actions to be completed annually**

- \_\_\_\_\_ Periodic Personal Care Plan completed, filed and approved (guardian of person)
- \_\_\_\_\_ Report and Accounting completed, filed and approved
- \_\_\_\_\_ After this year's order is approved, have Letters of Guardianship reissued by the Clerk, before expiration date

### **Actions to be completed upon appointment of successor guardian or termination of guardianship**

- \_\_\_\_\_ Notice of Death of Incapacitated Person or Certified Copy of Death Certificate (within 30 days of death)



- \_\_\_\_\_ Petition for Order Approving Guardian's Activities and Final Report
- \_\_\_\_\_ Order Setting Hearing on Petition to Settle Final Account
- \_\_\_\_\_ Order Approving Guardian's Final Report
- \_\_\_\_\_ Petition and Order Closing Guardianship and Discharging Guardian (within 90 days of termination)

**Actions to be completed within 30 days of minor attaining the age of majority**

- \_\_\_\_\_ Declaration of Completion of Guardianship of Minor
- \_\_\_\_\_ Notice of Filing of Declaration of Completion
- \_\_\_\_\_ Declaration of Mailing - Minor

## GUARDIAN FORMS DESCRIPTION AND TIMELINE

### Getting Started as the Guardian

It is crucial that you get started on the right foot. Some of the following steps can be completed at the courthouse on the day you are appointed guardian.

**All original documents must be filed with the Clerk's Office, room 300, with the exception of orders that have not yet been signed by a judicial officer.**

### Actions to be completed within 30 days of guardian's appointment

- **Execute and file Oath of Guardian (WPF GDN 04.0200)**
  - Sworn statement that you will faithfully carry out the duties as guardian
  - Oath can be filed the day you are appointed guardian
- **Obtain and file Bond (if ordered)**
  - Guardian of estate only
  - To insure faithful performance of your financial duties as guardian
  - Contact an insurance or bonding company
  - Pay premium from estate funds
  - Present bond, signed by guardian and insurance company, to the Ex Parte Court, courtroom 304, for judicial review and approval
  - Letters can be issued for guardian of estate only after oath and bond filed
- **Obtain Letters of Guardianship from the Clerk's Office**
  - Provides legal authority to proceed as guardian
  - May be required by financial institutions, medical providers, case managers along with a copy of the Order Appointing Guardian
  - Generated by the Clerk's Office, room 300, certified copy, small fee required
  - Oath and bond (if ordered) must be filed prior to Letters being issued
  - If no bond is ordered, letters can be issued the day you are appointed guardian
  - Expire annually, must be reissued annually after order is approved
- **Complete and file Designation of Resident Agent (WPF GDN 04.0300)**
  - Washington resident, and resides in the county in which the guardianship is established, who would be served with legal documents if guardianship is the subject of legal proceedings
  - Required for guardians who reside outside the State of Washington only
  - Must be signed by guardian and resident agent
- **Declaration of Guardian: Assets Held in Financial Institutions (WPF GDN 04.0400)**
  - Required if the guardian needs to take over control of accounts in a financial institution.
  - WPF GDN 04.0400 must be completed by the guardian along with a self-addressed-stamped envelope addressed to the Guardianship Monitoring

Program, 1116 W Broadway, Room 101, Spokane WA 99260, then give these documents to the financial institution to mail back to the Court.

- **Receipt of Funds in Blocked Account (WPF GDN 04.0600)**
  - Required if court orders incapacitated persons funds be placed in blocked account
  - WPF GDN 04.0600, along with a copy of the blocking order (e.g. Order Appointing Guardian), must be given to and completed by financial institution
  
- **Complete and file Notice of Right to Request Special Notice (WPF GDN 04.0800)**
  - Notice of right to file a request for special notice must be given to persons or agencies identified in paragraph #14 of the Order Appointing Guardian
  
- **Give Notice of your appointment to the Washington State Department of Revenue (no form provided)**
  - Copy of Order Appointing Guardian, along with a dated cover letter, giving notice to: Department of Revenue, Taxpayer Account Administration, Attn: Business Registration, P. O. Box 47476, Olympia, WA 98504-7476. **The guardian should save a copy of the dated cover letter.**
  - Guardian's responsibility to continue payment of any taxes due on behalf of the incapacitated person out of guardianship funds
  - If notice not given, guardian will be personally held liable to pay any taxes and penalties on the amount owed by the incapacitated person
  
- **Give Notice Concerning Fiduciary Relationship to the IRS (IRS Form 56) along with a copy of the Letters of Guardianship**
  - IRS Form 56, Notice Concerning Fiduciary Relationship, and instructions are available as form #28 at [www.spokanecounty.org/superiorcourt/guardianforms](http://www.spokanecounty.org/superiorcourt/guardianforms)
  - File Form 56 with the IRS Center where the person for whom you are acting is required to file tax returns.
  - Guardian is fiduciary of incapacitated person and assumes all the same powers, rights, privileges, and duties regarding the imposition of taxes

### **Actions to be completed within 90 days of guardian's appointment**

- **Complete and file Inventory (WPF GDN 04.0500)**
  - Guardian of estate only
  - Identify assets, income, liabilities
  
- **Complete and file Initial Personal Care Plan (WPF GDN 04.0700)**
  - Guardian of both person and estate or guardian of person only
  - Detailed description of incapacitated person's circumstances
  - Provide copy to Guardianship Monitoring Program
  
- **Complete Order Approving Initial Personal Care Plan (SPO GDN 02.0330)**
  - Guardian of person only
  - Present with Initial Personal Care Plan – Do not file
  - Guardianship Summary – provide next care plan due date

- Provide original and one copy to Guardianship Monitoring Program
- **Complete and File Petition for Approval of Budget, Disbursements, and Initial Personal Care Plan (WPF GDN 05.0100)**
  - Guardian of both person and estate or guardian of estate only
  - Petitions the court for approval of the proposed budget and authorization for the guardian to continue to receive incapacitated person's income and apply toward incapacitated person's expenses set forth in the budget
  - Provide copy to Guardianship Monitoring Program along with copy of Initial Personal Care Plan and original Order Approving Budget, Disbursements, and Initial Care Plan
- **Complete Order Approving Budget, Disbursements and Initial Personal Care Plan (WPF GDN 05.0500)**
  - Guardian of both person and estate or guardian of estate only
  - Authorizes guardian to continue to receive incapacitated person's income and apply toward incapacitated person's expenses
  - Provides first accounting due date, review of bond, addresses guardian fees and attorney fees
  - Present with Initial Personal Care Plan – Do not file
  - Guardianship Summary – next report and accounting due date, letters expire date
  - Provide original and one copy to Guardianship Monitoring Program along with Petition for Approval of Budget, Disbursements, and Initial Personal Care Plan
- **Complete and file Designation of Standby Guardian (WPF GDN 04.0350)**
  - To act in guardian's place temporarily if unavailable for any reason
  - Must be signed by guardian and standby guardian

**Actions to be completed annually**

- **Complete and file Periodic Personal Care Plan (WPF GDN 04.0700A)**
  - Guardian of person only
  - Annual report of the incapacitated person's circumstances
  - Cover 12 month period from anniversary date (date guardian appointed)
  - File within 90 days after the 12 month reporting period
  - Provide copy to Guardianship Monitoring Program
- **Complete Order Approving Periodic Personal Care Plan (SPO GDN 02.0330)**
  - Sign and present with Periodic Personal Care Plan – Do not file
  - Guardianship Summary – provide next care plan due date, letters expire date
  - Provide original and copy to Guardianship Monitoring Program
- **Complete and file Guardian's Report, Accounting, and Proposed Budget (SPO GDN 02.0290)**
  - Guardian of person and estate or guardian of estate only
  - Report of incapacitated person's personal status and finances
  - Cover 12 month period from anniversary date (date guardian appointed)
  - File within 90 days after 12 month reporting period

- Provide copy to Guardianship Monitoring Program
- **Complete and file**  
**Accounting Summary Form #2 – Short Form (SPO GDN 02.0292)**  
**(Estates less than \$80,000 in liquid assets and no real estate)**  
**Or**  
  
**Accounting Summary Form #1 – General Purpose for**  
**Nonprofessional Guardians (SPO GDN 02.0291)**  
**(Estates in excess of \$80,000 in liquid assets and/or real estate)**
  - Guardian of person and estate or guardian of estate only
  - Report of administration of guardianship funds
  - Attach to SPO GDN 02.0290
  - Provide copy to Guardianship Monitoring Program
- **Complete Order Approving Guardian’s Report, Accounting & Budget (SPO GDN 02.0294)**
  - Present with Guardian’s Report, Accounting and Proposed Budget and Accounting Summary – Do not file
  - Addresses Guardian Fees, Attorney Fees, Bond
  - Guardianship Summary – provide next report due date, letters expire date
  - Original and copy to Guardianship Monitoring Program

### **Miscellaneous Forms**

- **Declaration of Service (SPO GDN 02.0110)**
  - Certification that documents have been properly served on appropriate individuals
- **Notice of Change of Address (SPO GDN 02.0320)**
  - Notification to the court of change of address for incapacitated person, guardian, attorney or other interested party
  - File within 30 days of address change
  - Provide copy to Guardianship Monitoring Program, room 101
- **Notice of Change of Circumstances (SPO GDN 02.0340)**
  - Notification to the court of changes of circumstances with regard to the incapacitated person (e.g. significant increase in income or assets, significant change in health)
  - File within 30 days of change of circumstance
  - Provide copy to Guardianship Monitoring Program, room 101
- **Petition for Instructions (SPO GDN 02.0500)**
  - Petition to the court regarding authority as the guardian
  - Provide copy to Guardianship Monitoring Program, room 101
- **Order on Petition for Instructions (SPO GDN 02.0501)**
  - Present with Petition for Instructions – Do not file

- Original and copy to Guardianship Monitoring Program, room 101
- **Petition for Order Extending Time (SPO GDN 02.0510)**
  - Petition to the court for an extension of time for a currently scheduled due date
- **Order on Petition for Extending Time (SPO GDN 02.0511)**
  - Present with Petition for Order Extending Time to the Ex Parte Court, courtroom 304, for judicial review and approval – Do not file
  - Provide copy to Guardianship Monitoring Program, room 101
- **Complete Petition and Declaration for Withdrawal from Blocked Financial Account (SPO GDN 02.0570)**
  - Petition to the court for withdrawal of funds from a blocked account
- **Order for Withdrawal from Blocked Account (SPO GDN 02.0571)**
  - Present with Petition for Withdrawal from Blocked Account to the Ex Parte Court, courtroom 304, for judicial review and approval – Do not file

### **Forms for Closing a Guardianship**

- **Notice of Death of Incapacitated Person (WPF GDN 06.0300)**
  - Guardianship is terminated upon death of incapacitated person
  - Complete and file within 30 days of death of incapacitated person
- **Order Setting Hearing on Petition to Settle Final Account (SPO GDN 02.0600)**
  - Order setting date to settle final account - Thursdays at 9:30 a.m.
  - Hearing date within 90 days of death of incapacitated person
  - Present order to Ex Parte Court, courtroom 304, for judicial review and approval
  - Provide notice (at least 10 days plus 3 days for service by mail) of the hearing date to any interested party set forth in RCW 11.88.040 - usually heirs and creditors
  - Declaration of service required
- **Petition for Order Approving Guardian's Activities and Final Report (WPF GDN 06.0600)**
  - Petition to the court for final approval of guardian's activities and final report
  - File within 90 days, unless the court orders a different deadline, of resignation or removal of guardian or termination of guardianship
- **Order Approving Guardian's Final Report (WPF GDN 06.0700)**
  - Court order in response to Petition for Order Approving Guardian's Activities and Final Report
  - Present with Petition for Order Approving Guardian's Activities and Final Report – Do not file
  - Present order to Ex Parte Court, courtroom 304, for judicial review and approval
- **Petition for Order Closing Guardianship and Discharging Guardian (WPF GDN 06.0800)**
  - Petition to the court for order closing guardianship and discharging guardian

- File within 30 days of approval of final report or termination of guardianship
- **Order Closing Guardianship and Discharging Guardian (WPF GDN 06.0900)**
  - Court order in response to Petition for Order Closing Guardianship and Discharging Guardian
  - Present with Petition for Order Closing Guardianship and Discharging Guardian – Do not file
  - Present order to Ex Parte Court, courtroom 304, for judicial review and approval
- **Declaration of Completion of Guardianship of Minor (WPF GDN 06.0100)**
  - Guardianships of Minors only
  - A declaration that minor has attained the age of 18 and all assets have been transferred to former minor
  - Terminates guardianship
  - Serve copy on former minor
- **Notice of Filing of Declaration of Completion (WPF GDN 06.0200)**
  - Notice to former minor of filing Declaration of Completion
  - Within 5 days of filing of Declaration of Completion
  - Terminates guardianship unless petition for review filed
- **Declaration of Mailing – Minor (SPO GDN 02.0630)**
  - Certification that Notice of Filing Declaration of Completion and Declaration of Completion of Guardianship for Minor were sent to former minor

# SAMPLE GUARDIANSHIP FORMS

## Confidential Document/Information Cover Sheets

<u>Form Number</u>	<u>Form Title</u>
WPF GDN 03.0200	Sealed Confidential Guardianship Document Cover Sheet
WPF GDN 03.0100	Sealed Confidential Information Form (Telephone Numbers)
SPO GDN 03.0300	Sealed Confidential Information Form for a Minor

## Initial Forms

<u>Form Number</u>	<u>Form Title</u>
WPF GDN 04.0200	Oath of Guardian Bond
	Letters of Guardianship
WPF GDN 04.0300	Designation of & Consent by Resident Agent
WPF GDN 04.0500	Guardianship Inventory
WPF GDN 04.0700	Initial Personal Care Plan
WPF GDN 04.0350	Designation of Standby Guardian
WPF GDN 04.0800	Notice of Right to Request Special Notice
WPF GDN 05.0100	Petition for Approval of Budget, Disbursements, and Initial Personal Care Plan
WPF GDN 05.0500	Order Approving Budget, Disbursements, and Initial Personal Care Plan
SPO GDN 02.0330	Order Approving Care Plan (Initial Care Plan)
WPF GDN 04.0600	Receipt of Funds into Blocked Account
WPF GDN 04.0400	Declaration of Guardian: Assets Held in Financial Institutions

## Annual Forms

<u>Form Number</u>	<u>Form Title</u>
WPF GDN 05.0700	Periodic Personal Care Plan
SPO GDN 02.0330	Order Approving Personal Care Plan (Periodic Care Plan)
SPO GDN 02.0290	Guardian's Report, Accounting, and Proposed Budget
SPO GDN 02.0291	Accounting Summary Form #1 – General Purpose (estates in excess of \$80,000 in liquid assets and/or real estate)
SPO GDN 02.0292	Accounting Summary Form #2 – Short Form (estates less than \$80,000 in liquid assets and no real estate)
SPO GDN 02.0294	Order Approving Guardian's Report, Accounting and Budget



### **Miscellaneous Forms**

#### **Form Number**

#### **Form Title**

SPO GDN 02.0110	Declaration of Service
SPO GDN 02.0320	Notice of Change of Address
SPO GDN 02.0340	Notice of Change in Circumstances
SPO GDN 02.0500	Petition for Instructions
SPO GDN 02.0501	Order on Petition for Instructions
SPO GDN 02.0510	Petition for Order Extending Time
SPO GDN 02.0511	Order on Petition for Extending Time
SPO GDN 02.0570	Petition and Declaration for Withdrawal from Blocked Financial Account
SPO GDN 02.0571	Order for Withdrawal from Blocked Account

### **Forms for Closing a Guardianship**

#### **Form Number**

#### **Form Title**

WPF GDN 06.0300	Notice of Death of Incapacitated Person
SPO GDN 02.0600	Order Setting Hearing on Petition to Settle Final Account
WPF GDN 06.0600	Petition for Order Approving Guardian's Activities and Final Report
WPF GDN 06.0700	Order Approving Guardian's Final Report
WPF GDN 06.0800	Petition for Order Closing Guardianship and Discharging Guardian
WPF GDN 06.0900	Order Closing Guardianship and Discharging Guardian
WPF GDN 06.0100	Declaration of Completion of Guardianship for Minor
WPF GDN 06.0200	Notice of Filing a Declaration of Completion
SPO GDN 02.0630	Declaration of Mailing - Minor

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman ,  
Incapacitated Person

No. 07-4-00000-0

**Sealed Confidential  
Guardianship Document  
Cover Sheet  
(CNRSE)**

*Court Clerk: This is a Restricted  
Access Document. Do not file in  
a public access file. GR 22*

Check document below and write "Confidential" at least one inch from the top of the first page of each document.

**Sealed Confidential: Reports, Personal Health Care Records, Financial Source Documents**

- Guardian ad Litem Report
- Medical/Psychological Report
- Social Security Representative Payee Report
- Financial Source Documents (description) Receipt of Funds in Blocked Account
- Other \_\_\_\_\_

Submitted by:

Mary A. Smith  
Signature

Mary A. Smith  
Print Name

WSBA  CPG#

**Notice: All parties, the court, as well as its staff and volunteers, may have access to these documents.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Guardianship Confidential  
Information Form  
(Telephone Numbers)  
(CNRSE)**

*Court Clerk: This is a Restricted  
Access Document. Do not file in  
a public access file. GR 22*

Party	Name	Home/Cell	Work
Incapacitated Person	Susan Silverman	509-999-9999	
Guardian	Mary A. Smith	509-926-9999	509-222-9999
Guardian			
Standby Guardian	James P. Smith	509-926-9999	509-333-9999
Resident Agent			
Other Interested Parties			

Submitted by:

Mary A. Smith

Signature

Mary A. Smith

Print Name

WSBA  CPG#

**Notice: All parties, the courts, as well as its staff and volunteers may have access to this sealed document.**

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

CASE NO. 07-4-00000-0

Susan Silverman  
Name of Minor

CONFIDENTIAL INFORMATION FORM  
(DATE OF BIRTH OF MINOR)

(CNRSE) Clerk's Action Required

Name of Minor

Date of Birth

Susan Silverman

January 1, 2000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

Mary A. Smith

Signature

Mary A Smith

Print Name, WSBA/CPG#

**Notice: All parties and Guardianship Monitoring Program Volunteers will have access to these sealed documents.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0  
Oath of Guardian  
RCW 11.88.100  
(OA)

Being first duty sworn upon oath, I Mary A. Smith solemnly swear that:

- I have been appointed:  
 Full  Limited Guardian of the Person and  
 Full  Limited Guardian of the Estate of Susan Silverman (the Incapacitated Person).
- I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 1/12/07.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian  WSBA  CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**



# Western Surety Company

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

in and for SPOKANE County

**FILED**

IN THE MATTER OF THE  Estate  
 Guardianship  
 Conservatorship  
OF SUSAN SILVERMAN  
 Deceased       Minor  
 Incompetent       Spendthrift

BOND OF

Executor  
 Administrator  
 Guardian  
 Conservator

FEB. 2, 2007

THOMAS R. FALLQUIST  
SPOKANE COUNTY CLERK

KNOW ALL MEN BY THESE PRESENTS:

BOND No. FID-54358352

That we, MARY SMITH, as Principal(s),  
and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of  
Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of  
TEN THOUSAND AND NO/100\*\*\*\*\* DOLLARS (\$10,000.00\*\*),  
NOT VALID IN EXCESS OF \$10,000 FOR GUARDIANS OR CONSERVATORS OF MINORS, IN EXCESS OF \$50,000  
FOR TESTAMENTARY TRUSTEES, AND IN EXCESS OF \$500,000 FOR ALL OTHERS.

lawful money of the United States of America, for the payment of which, well and truly to be made, we bind our-  
selves, our heirs, legal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that Whereas an order was made by  
the above entitled Court on the 12TH day of JANUARY, 2007,  
appointing the above bounden Principal GUARDIAN  
(person and) estate of SUSAN SILVERMAN of the  
and letters of GUARDIANSHIP  
were directed to be issued to him (her, it) upon his  
(her, its) executing a bond according to law in the above named sum.

NOW, THEREFORE, if the said Principal as such GUARDIAN shall faithfully  
discharge the authority and duties of (his, her, its) trust according to law, then this obligation to be void;  
otherwise to remain in full force and effect for the security and benefit of Obligees.

Dated, signed, and sealed with our seals this 2ND day of FEBRUARY, 2007

Court signed by:  
Sandra S. Gillum  
Sandra S. Gillum  
Resident Agent

Mary A. Smith Principal  
Principal  
WESTERN SURETY COMPANY

APPROVED: Valerie J. Folger  
Judge  
2-2-2007

By Stephen T. Latt  
Surety

{Copy Receipt}

{Clerk's Data Stamp}



SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE

IN THE MATTER OF THE  
GUARDIANSHIP OF:

**Susan Silverman,**  
Incapacitated Person.

CASE NO. **07-4-0000-0**

**LETTERS OF GUARDIANSHIP  
or LIMITED GUARDIANSHIP  
(LTRGDN)**

**DATE LETTERS EXPIRE: 5/12/10**

I. BASIS

THESE LETTERS OF GUARDIANSHIP PROVIDE OFFICIAL VERIFICATION OF THE FOLLOWING:

Name: Mary A. Smith

was appointed guardian by the court to serve as:

Guardian of the **Person**  Full  Limited

Guardian of the **Estate**  Full  Limited

for the above named Incapacitated Person. The Guardian has fulfilled all legal requirements to serve, including, but not limited to: Taking and filing the oath; filing any 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.

II. AUTHORIZATION

THIS CERTIFIES : **Mary A. Smith**

is authorized by this court to act as guardian of the above named Incapacitated Person.

**THESE LETTERS EXPIRE ON: 5/12/10**

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

THOMAS R. FALLQUIST, SPOKANE COUNTY CLERK

Dated: 1/12/07

By: AJ Jones  
Deputy Clerk

{SEAL}

III. CERTIFICATION OF COPY

State of Washington )  
County of Spokane )

As Clerk of the Superior Court of this County, I certify that this is a true and correct copy of the Letters of Guardianship in the above entitled case. These Letters remain in full force and effect until the date of Expiration set forth above.

THOMAS R. FALLQUIST, SPOKANE COUNTY CLERK

Dated: 1/12/07

By: AJ Jones  
Deputy Clerk

{SEAL}

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Designation of and Consent by  
In-State (Resident) Agent  
(APRSAG)**

Not being a resident of the State of Washington, I designate the following person, a resident of the above county and whose mailing address is shown below, as my resident agent for service of process in these proceedings:

Agent's Name: Bob Smith  
Agent's Mailing Address 1700 Grand Blvd  
City, State, Zip: Spokane WA 99205  
\*Phone Number(s): Business \_\_\_\_\_ Personal 509-999-9999

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

Dated: 1/12/07

Signed: Mary A. Smith Mary A. Smith  
 Petitioner  Guardian  WSBA  CPG#

I consent to so serve.

Dated: 1/12/07

Signed: Bob Smith Bob Smith  
Agent's Name, Designee



**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Guardianship Inventory  
RCW 11.92.040(1)  
(INV)**

The  Full  Limited Guardian of the Estate, being first duly sworn, states that the following is a true and correct inventory of the assets and liabilities of the Incapacitated Person as of the date of the Order Appointing the Guardian.

**A. Assets**

1. Real Estate: including the address and its tax assessed value:

Address	Tax Assess Value
11423 E. Knox, Spokane WA 99216	86,900.00

and see attached.

2. Financial Accounts: including the name, address, and phone of the financial institution, type of account, **the last four digits of the account number(s)** and balance in each account (*for example, savings, checking, money markets, certificate of deposit, retirement accounts, and all investment accounts*):

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
	Inland NW Bank	Checking	#.....9745	\$175.69	2/28/07
Address & Phone	Manito Branch, 0000 East 10 <sup>th</sup> Avenue, Spokane WA 99999 509-000-0000				
	Inland NW Bank	Savings	#.....9746	\$814.00	2/28/07
Address & Phone	Manito Branch, 0000 East 10 <sup>th</sup> Avenue, Spokane WA 99999 509-000-0000				

and see attached.

3. Stocks, Bonds, and other Securities: *(not held in an account listed above).*

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
	Edward R. Jones	IRA	#.....2905	\$5,000.00	2/28/07
Address & Phone	1111 North Monroe Street, Spokane WA 99999 509-000-0000				
Address & Phone					
Address & Phone					

and see attached.

4. Personal Property: *(attach itemized list of all items valued at \$1,000 or more).*

Household Furnishings	\$750.00
Automobile/Boats	\$
Other (including items on attached list)	\$

and see attached.

**Total Assets (including attachments) \$ 93,639.69**

**B. Income**

Description	Per Month
Wages	\$ 200.00/Month
Social Security or SSI	\$ 729.00/Month
Veteran's Benefits	\$
Pension	\$
Dividends and Interest	\$
Other:	\$

and see attached.

**Total Income (including attachments) \$ 929.00**

**C. Liabilities/Debts**

1. Mortgages and Liens: name and address of each mortgage or lien holder and the amount owing, the property encumbered and the amount due monthly:

	Name of Mortgage or Lien Holder	Amount Owing	Property Encumbered	Amount Due Monthly
	<b>US Bank</b>	<b>\$23,114.69</b>		<b>\$369.00</b>
Address	<b>Main Office, 000 West Riverside, Spokane WA 99999</b>			
Address				

and see attached.

2. Installment Loans and Notes: name and address of each loan holder, the amount owing and the amount due monthly:

	Name of Loan Holder	Amount Owing	Amount Due Monthly
Address			
Address			

and see attached.

3. Credit Cards: name and address of each credit card company and the outstanding balance owing on each and the amount due monthly:

	Name of Credit Card Company	Outstanding Balance Owing	Amount Due Monthly
Address			
Address			

and see attached.

**Total Liabilities/Debts (including attachments) \$ 23,114.69**

**D. Security for Estate's Assets**

1. Guardian/Trustee's Bond:

- The court does not require a bond.  
 The court requires a bond in the amount of: \$ \_\_\_\_\_  
 The bond should:  remain the same OR  be changed to: \$ \_\_\_\_\_

2. Total balance in blocked accounts: \$ \_\_\_\_\_

3. Total balance unblocked: \$ \_\_\_\_\_

**E. Supplemental Information (Optional)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

\_\_\_\_\_  
 WSBA  CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman  
Incapacitated Person

No. 07-4-00000-0

**Initial Personal Care Plan  
(PCP)**

**I. ASSESSMENT**

*Check all that apply to the Incapacitated Person in each category:*

**1.1 Housing Composition:**

- Lives Alone
- Lives with Spouse
- Lives with Children
- Lives with Relative
- Lives with Non-Relative
- Other: \_\_\_\_\_

**1.3 Living Arrangement:**

- Home Owner
- Renter
- Adult Family Home
- Cong. Care Facility
- Nursing Home
- Senior Housing
- Other: \_\_\_\_\_

**1.2 Primary Means of Transportation:**

- Own Car
- Public Transportation
- Friend/Relative
- Other: \_\_\_\_\_

**1.4 If Lives in Home – Services Needed:**

- None
- Chore Services (household chores)
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.5 Functional Limitation:**

- Walker/Cane
- Speech
- Hearing
- Vision
- Walking

**1.6 Prosthetic Devices:**

- None
- Wheelchair
- Hearing Aid
- Artificial Limb
- Dentures

**1.7 Needs Assistance For:**

- Eating
- Toileting
- Ambulation
- Transfer
- Positioning
- Personal Hygiene
- Dressing
- Bathing
- Self Medication
- Essential shopping with Incapacitated Person
- Essential shopping for Incapacitated Person
- Meal Preparation
- Laundry
- Facilities in Home
- Facilities out of Home
- Housework
- Travel to Medical Services

**1.8 Needs Assistance to Leave Home:**

Yes  No

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle one of the following codes for each item listed below:

Y=Yes; N=No; CD= Cannot Determine.

Y  N  CD

**1.9 Incapacitated Person's Ability To Handle Emergencies:**

- Knows what to do in the event of a fire. Y  N  CD
- Knows what to do in case of medical emergency (doctor, ambulance). Y  N  CD
- Knows what to do in the event of a break-in or robbery. Y  N  CD
- Knows how to call emergency telephone services (911). Y  N  CD

**1.10 Incapacitated Person Knows How To Seek Help From Others To Keep Supply Of Goods and Obtain Services (Housekeeper, Lawyer, Community Services):**

Y  N  CD

**1.11 Incapacitated Person's Financial Abilities:**

- Able to collect benefit, retirement, social security, V.A. benefits. Y  N  CD
- Able to maintain checking accounts with balance greater than \$ \_\_\_\_\_. Y  N  CD
- Able to pay monthly bills for rent, utilities, etc. Y  N  CD
- Willing and able to spend money for necessary goods and services, i.e. food, clothing, sundries, etc. Y  N  CD
- Able to seek help in money management. Y  N  CD
- Able to manage funds. Y  N  CD

If someone other than the guardian of the person is guardian of the estate, or if the Incapacitated Person's assets are under the control of a trustee, provide the following information:

List sources of income and/or resources to pay for monthly costs and care of the Incapacitated Person:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated monthly costs and care of the Incapacitated Person:

Housing:	\$ <u>450.00</u>	Other:	
Food:	\$ <u>140.00</u>	<u>Arc of Spokane Day Program</u>	\$ <u>180.00</u>
Utilities:	\$ _____	<u>Bus Pass</u>	\$ <u>16.50</u>
Clothing and Laundry:	\$ <u>25.00</u>	_____	\$ _____
Medical:	\$ _____	_____	\$ _____
Recreational:	\$ <u>30.00</u>	_____	\$ _____
Insurance:	\$ _____	_____	\$ _____

**1.12 Incapacitated Person's Psychological/Social/Cognitive Functioning:**

Y=Yes; N=No; CD= Cannot Determine. Y  N  CD

**A. Disorientation:**

Able to relate to person, place or time: Y  N  CD

**B. Memory Impairment:**

- Can remember events occurring within the hour: Y  N  CD
- Can remember events occurring within the day: Y  N  CD
- Can remember events occurring within the week: Y  N  CD

**C. Impaired Judgment:**

Able to make appropriate decisions, solve problems, and respond to major life changes: Y  N  CD

**D. Communications:**

- Able to understand what is being said: Y  N  CD
- Able to express thoughts and needs: Y  N  CD

**E. Wandering:**

Moves about aimlessly, or in pursuit of an unobtainable goal: Y N CD

**F. Verbally Abusive Behavior:**

Threatens/berates others, yells, uses foul language, etc.: Y N CD

**G. Disruptive or Inappropriate Behavior:**

Makes excessive demands for attention, takes another's possessions, disrobes in front of others, inappropriate sexual behavior, etc.: Y N CD

**H. Assaultive or Combative Behavior:**

Throws objects, strikes or punches, makes dangerous maneuvers with wheelchair, etc.: Y N CD

**I. Danger to Self:**

Indicated by self-neglect or harm, suicidal thoughts or attempts, etc.: Y N CD

**J. Other Impairments in Thought, Moods, Behavior:**

Please Describe: None.

**II. Care Plan**

**2.1 Incapacitated Person's Residence**

Facility Name (if applicable)

BeeHive Adult Family Home

Address

11423 E Knox, SPokane WA 99999

\*Phone: (509)999-9999

**2.2 Plan for Chore Services Provided in Home**

(if necessary)

Not Necessary

**2.3 Plan for nursing services and other medical or personal care services provided in home, adult family home, or congregate care facility**

(if necessary):

Not Necessary

**2.4 Plan for other services, including rehabilitative, educational, social, and recreational services:**

Attend Arc of Spokane Day Program



**2.5 Treating Physician:**

Name	Address	Phone/Fax Number
<u>James Jones</u>	<u>1708 N Houk Rd</u>	<u>(509) 924-9999</u>

**2.6 Current Medications:**

Nasal Spray, Claritan, Depo Provera

**2.7 Other Professionals Assisting Incapacitated Person:**

Name	Service Provided	Address	Phone/Fax Number
<u>Katherine McManus</u>	<u>Therapist</u>	<u>1718 E Sprague</u>	<u>(509) 459-8888</u>

**2.8 Other Significant Persons:**

Name/Relationship to Incapacitated Person	Address	Phone/Fax Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2.9 Plan for Financial Management:**

(i.e. Person(s) responsible to receive income and pay monthly costs and care of the Incapacitated Person.)

Mary A. Smith, Guardian

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) WA on (date) 3/10/07.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian WSBA CPG#

3647 E 36<sup>th</sup> Ave.  
Address

Spokane, WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Note: Do not attach records produced and signed by a health care provider to this form.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

Designation of Standby  
Guardian  
RCW 11.88.125  
(DSGSBG)

**Designation of Standby Guardian**

The Guardian for the Person and/or Estate named above designates the following to serve as Standby Guardian:

Name: James P. Smith  
Address: 3647 E 36<sup>th</sup> Ave  
Spokane, WA 99203  
Phone\* (509) 926-9999  
Email Address: \_\_\_\_\_

Relationship to Incapacitated Person: Son

This individual is over the age of eighteen, of sound mind, and has never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane , (state) Washington on (date) 1/13/07.

Mary A. Smith  
Signature of Guardian

3647 E 36<sup>th</sup> Ave

Address

Mary A. Smith  
Print Name of Guardian

Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
WSBA CPG#

(509) 926-9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

### Acceptance

I **James P. Smith**, acknowledge and accept the designation as Standby Guardian in this matter. I certify that I am over the age of eighteen, of sound mind, and never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 1/13/07.

James P. Smith

Signature

3647 E 35<sup>th</sup> Ave

Address

(509) 926-9999

\*Telephone/Fax Number

James P. Smith

Print Name

Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
Email Address

WSBA  CPG#

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Notice of Right to Request  
Special Notice  
RCW 11.92.150  
(NT)**

**To:** The individuals listed on the attached Exhibit A.

**You are notified that** you have the right under RCW 11.92.150 to file a Request for Special Notice of Proceedings regarding this Guardianship.

To file a request for Special Notice, you must serve a copy of your Request upon the Guardian, or upon the attorney for the Guardian (if there is one), and you must file the original of your Request with the Clerk of the court where this guardianship is pending. Your Request must designate the name, street address, and mailing address of the person to receive special notice.

If your Request for Special Notice identifies specific actions for which you request advance notice, you will be entitled to receive only the documents you specifically request. If your Request for Special Notice is a general one and does not request advance notice of specific matters, the Guardian shall provide copies of all documents filed with the court and advance notice of the Guardian's application for court approval of any action in the Guardianship.

Serve a copy of your request upon:

Guardian: Mary A. Smith  
Address: 3647 E 36<sup>th</sup> Ave  
Spokane WA 99203  
Guardian's Attorney: Stephen Fullbright  
Address: 27 E Indiana  
Spokane WA 99205

File the original of your request with:

Clerk of the Court, Spokane County, Superior Court

Address: 1116 W Broadway  
Spokane WA 99260

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 1/13/07.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian WSBA CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

## EXHIBIT A

List name(s) and address(es) of all persons and agencies requiring notice.

<b>Name(s)</b>	<b>Address(es)</b>
<b><u>Department of Developmental Disabilities</u></b>	<b><u>123 W Main Street, Spokane WA 99201</u></b>
<b><u>Bob Smith</u></b>	<b><u>1700 Grand Blvd, Spokane WA 99205</u></b>
<b><u>Howard Spencer</u></b>	<b><u>1012 N Monroe, Spokane WA 99205</u></b>
<b><u>Terrance Hawk</u></b>	<b><u>11213 E Appleway, Spokane Valley WA 99206</u></b>

### Certificate of Service

I certify (or declare) under penalty of perjury, under the laws of the State of Washington that I mailed, first class, postage prepaid a copy of the foregoing Notice of Right to Request Special Notice to the person(s) listed above on (date of mailing) 1/14/07.

Signed at (city) Spokane, (state) Washington on (date) 1/14/07.

Harry Lenox  
Signature

Harry Lenox  
Print Name

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Petition For Approval Of  
Budget, Disbursements And  
Initial Personal Care Plan  
(PTAPR)**

---

**I. Basis**

**1.1 Appointment of Guardian**

(Name) Mary A. Smith was appointed Guardian of the Person and/or Estate of the Incapacitated Person and immediately thereafter qualified by filing an oath and obtaining bond in the amount ordered by this court. Letters of Guardianship were issued on (date) 1/12/07.

**1.2 Inventory**

An inventory of the assets of the Incapacitated Person as of the date of appointment is filed separately.

**1.3 Initial Personal Care Plan**

The Incapacitated Person resides at (name of facility, if applicable, and address) BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216. An Initial Personal Care Plan describing the Incapacitated Person's condition, living circumstances and the actions of the Guardian taken to benefit the Incapacitated Person is filed separately. The Guardian asks that the court review this Initial Personal Care Plan.

#### 1.4 Income and Current Expenses

The Incapacitated Person's income is as follows:

Interests/Dividends	\$
Social Security	<b><u>\$596.00/Month</u></b>
Pension (Including Veteran's or Otherwise)	\$
Other	\$
Total Monthly Income	<b><u>\$596.00</u></b>

#### 1.5 Authority of Guardian to Receive Income and Pay Expenses

The Guardian should have authority to receive the Incapacitated Person's income to be applied against the Incapacitated Person's expenses.

#### 1.6 Proposed Budget

The Guardian requests approval of the following budget for the twelve-month period following the appointment (*fill in only those that apply*):

Room and Board	<b><u>\$544.00</u></b>
Medical	<b><u>\$27.00</u></b>
Rent/Mortgage	\$
Personal and Incidental Expenses	<b><u>\$25.00</u></b>
Food and Household Expenses	\$
Utilities	\$
Guardian Fees	\$
Attorney Fees and Costs	\$
Other	\$
Total Proposed Monthly Expenditures	<b><u>\$596.00</u></b>

#### 1.7 Medical and Dental Expenses

The Guardian should be permitted to incur and pay any reasonable and necessary medical and dental expenses, which the Guardian determines to be in the best interest of the Incapacitated Person.

#### 1.8 Income Tax Payment/Accounting Fees

The Guardian may be required to file federal income tax returns and pay income tax due on Guardianship income. The Guardian should be permitted to pay fees for accounting services required in connection with the preparation of income tax returns.



## II. Relief Requested

The Guardian requests that the court enter an Order as follows:

- 2.1  **Approval of Budget**  
Approving this proposed budget of the Guardian.
- 2.2  **Income and Expenses**  
Authorizing the Guardian to continue receiving the Incapacitated Person's income to be applied against the expenses set forth above.
- 2.3  **Reasonable Medical and Dental Expenses**  
Authorizing payment by the Guardian of any reasonable and necessary medical and dental expenses which the Guardian determines to be in the best interest of the Incapacitated Person.
- 2.4  **Initial Personal Care Plan and Inventory**  
Approving the Initial Personal Care Plan and Inventory separately submitted by the Guardian.
- 2.5  **Miscellaneous Expenses**  
Authorizing payment by the Guardian of miscellaneous expenses in an amount not to exceed \$50.00 per month without further order of the court for court fees and other miscellaneous expenses which the Guardian may incur during the course of the administration of this Guardianship.
- 2.6  **Other Order**  
For any other Order that the court deems appropriate.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 3/7/07.

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave

Address

Boston, MA 01212

City, State, Zip Code

(617) 926-9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

**Susan Silverman,**  
Incapacitated Person

No. 07-4-00000-0

**Order Approving Budget,  
Disbursements, and  
Initial Personal Care Plan  
(ORAPRT)**

Clerk's Action Required

**Clerk's Information Summary**

Due Date for Next Report and Accounting: 4/2008

Other (Date and Purpose): \_\_\_\_\_

Based upon the petition of the Guardian of the Estate and the documents filed with the petition, *the court makes the following findings of fact:*

**I. Findings of Fact**

**1.1 Acts of Guardian**

All acts required of the Guardian to date have been performed.

**1.2 Notice**

Notice has been properly provided to persons entitled to notice of this presentation.

**1.3 Budget and Care Plan**

The proposed Budget and Care Plan of the Guardian are reasonable and appropriate to the needs of the Incapacitated Person and should be approved.

## II. Orders

### 2.1 Approval of Initial Personal Care Plan

The Initial Personal Care Plan is approved.

### 2.2 Budget

The Guardian is authorized to continue to receive the Incapacitated Person's income and to apply the income and other resources toward the Incapacitated Person's expenses:

Room and Board	\$544.00
Medical	\$27.00
Rent/Mortgage	\$
Personal and Incidental Expenses	\$25.00
Food and Household Expenses	\$
Utilities	\$
Guardian Fees	\$
Other	\$
Total Monthly Expenditures	\$596.00

### 2.3 Outstanding Obligations of the Estate

The Guardian shall be authorized to arrange payment schedules with the creditors of the guardianship estate for delinquent and past due payments.

### 2.4 Medical and Dental Expenses

The Guardian is authorized to incur and pay reasonable and necessary medical and dental expenses that the Guardian determines to be in the best interest of the Incapacitated Person.

### 2.5 Income Tax Payments/Accounting Fees

The Guardian is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

### 2.6 Miscellaneous Expenses

The Guardian is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of \$50.00 per month in connection with this guardianship.

### 2.7 Accounting Due Date

The Report and Accounting of the Guardian shall be filed and submitted to the Court for approval not later than 4/2008 (90 days after the first anniversary of the appointment of the Guardian).

### 2.8 Bond

Bond is currently set in the amount of \$ \_\_\_\_\_. The amount of the bond [X] shall not be changed [ ] shall be changed to \$ \_\_\_\_\_.

**2.9 Guardian Fees**

The Guardian is allowed to advance a monthly fee up to \$ 0. This advance is approved for the next 12 months and 90 days thereafter, from the date of appointment of the Guardian to 4/12/07. Such fees are subject to review and approval by the Court at the next regular accounting. No presumption that these fees will be approved as reasonable is created by this authorization for advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim Guardian fees in the amount of \$ \_\_\_\_\_ for services rendered and administrative costs (DSHS cases only) of \$ 0 between 1/12/07 and 4/12/07 are reasonable and approved.

- [ ] DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.79.030.
- [ ] Non-DSHS cases. The above fees are approved for payment from the guardianship estate assets.

**2.10 Attorney Fees and Costs**

Attorney fees in the amount of \$418.00 and costs in the amount of \$ 7.56 are hereby approved as reasonable. They shall be paid from the guardianship assets of the Incapacitated Person, from the participation of the Incapacitated Person as an exception to policy, or other:  
\_\_\_\_\_

**2.11 Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_.

\_\_\_\_\_  
**Judge/Court Commissioner**

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36<sup>th</sup> Ave

Address

(509) 926-9999

\*Telephone/Fax Number

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,

Incapacitated Person

No. 07-4-00000-0

Order Approving Personal  
Care Plan  
(ORAPRT)

Initial    Periodic

Clerk's Action Required

**Clerk's Information Summary**

Due Date for Next Periodic Personal Care Plan: April 2009

Other (Date and Purpose): \_\_\_\_\_

Based upon the petition of the Guardian of the Person and the documents filed with the petition, *the court makes the following:*

**I. FINDINGS OF FACT**

The Personal Care Plan includes all of the facts necessary to give the court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

**II. CONCLUSIONS OF LAW**

The  Initial Personal Care Plan  Periodic Personal Care Plan should be approved.

### III. ORDER

The  Initial Personal Care Plan  Periodic Personal Care Plan is approved.

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and access to any information, available to the guardian, including medical records, relating to the incapacitated person.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney  WSBA  CPG#

3647 E. 36<sup>th</sup> Ave.

Address

Spokane WA 99203

City, State, Zip Code

(509)926-9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Receipt of Funds into Blocked  
Financial Account  
(RCP)**

**Receipt** is hereby acknowledged of **\$10,356.00**, deposited with the undersigned by Mary A. Smith, who is the  Guardian,  Guardian ad Litem, or  Attorney for (name of Incapacitated Person) Susan Silverman. The deposit was made into Account No. (last four digits) #....8943.

The undersigned, financial institution agrees to hold this account and any subsequent deposits to the account and not to allow any withdrawals of the funds or securities from the institution, except under Order of this court. However, the institution may move the funds into different accounts, securities or investment vehicles without prior court order, provided the proceeds are not released from the control of the institution as a part of the transfer or transaction.

This receipt is binding on all successors, transferees, assignees, agents and employees of the undersigned financial institution.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 2/18/07.

Harry B. Polk  
Signature

Harry B. Polk  
Print Name and Title

1<sup>st</sup> Bank of Spokane, Main Branch  
Name of Bank/Financial Institution

(509)323-9999  
Telephone/Fax Number

Spokane WA 99201  
City, State, Zip Code

\_\_\_\_\_  
Email Address

**Superior Court of Washington  
County of**

**Sealed**

In the Guardianship of:

\_\_\_\_\_  
Incapacitated Person

**No.**

**Declaration of Guardian:  
Assets Held in Financial  
Institutions  
(DCLR)**

**Sealed Financial Source  
Document**

**[ ] Clerk's Action Required**

---

**File this declaration under a completed form WPF GDN 03.0200, Sealed  
Confidential Guardianship Document Cover Sheet.**

The Guardian of the Estate of the person named above makes the following affidavit pursuant to the provisions of RCW 11.92.096:

1. Cause Number: \_\_\_\_\_.
2. The Guardian was appointed by order entered on \_\_\_\_\_.
3. The Incapacitated Person's name is: \_\_\_\_\_.
4. The number of each account holding the assets of Incapacitated Person and the number of the Safety Deposit Box, if any, in the Incapacitated Person's name are:  
Account Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Safety Deposit Box Number: \_\_\_\_\_
5. Address of client or depositor. The incapacitated client of depositor has the following address:  
\_\_\_\_\_  
\_\_\_\_\_
6. Name and Address of Guardian to be provided assets or access to assets: \_\_\_\_\_  
\_\_\_\_\_





the presence of an employee of the institution and the statement of the institution required under subsection (1) of section RCW 11.92.096 shall include a statement executed by the employee that the inventory appears to be accurate. The institution may require payment by the Guardian of any fees or charges then due in connection with the asset or account and of a reasonable fee for witnessing preparation of the inventory and preparing the statement required by this subsection or subsection RCW 11.92.096 of this section.

Any institution to which an affidavit complying with subsection (1) of RCW 11.92.096 is submitted and rely on the affidavit without inquiry and shall not be subject to any liability of any nature whatsoever to any person whatsoever, including but not limited to the institution's client or depositor or any other person with an ownership or other interest in or right to the asset, for the reliance or for providing the Guardian access and control over the asset, including but not limited to delivery of the asset to the Guardian.

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Periodic Personal Care Plan  
(PCP)**

The  Full  Limited Guardian of the Person, respectfully submits the following Personal Care Plan:

**1. Custody and Residence of Incapacitated Person**

The Incapacitated Person is now 51 years of age. He/She presently resides at (name of facility, if applicable, and address): Beehive Adult Family Home, 11423 E Knox, Spokane WA 99216. The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there.

**2. Description of Services or Programs Incapacitated Person Receives**

The Incapacitated Person receives the following services or programs: Ms. Silverman receives services from DSHS, Gentiva Health Care, Dr. James Jones and Dr. Katherine McManus. She continues to receive 24-hour supervision and assistance with her activities of daily living including monitoring health issues and medications. She looks forward to her job, PACE classes and the day program at The Arc of Spokane.

**3. Physical and Medical Status and Need of Incapacitated Person**

The physical and medical status and needs of the Incapacitated Person are as follows: Ms. Silverman has been diagnosed with mild mental retardation along with Downs Syndrome. She wears glasses and has some speech impairment. She had cataract surgery in June 2007 and is doing well. She takes several medications, but is sometimes reluctant to take them. She attends regular medical and dental appointments.

**4. Mental and Emotional Status of Incapacitated Person**

The mental and emotional status of the Incapacitated Person is as follows: Ms. Silverman sometimes worries, becomes anxious, can be irritable at times and seeks reassurance from staff. She enjoys her home, roommates, job, activities and spending time with the family.

**5. Description of Functional Abilities of the Incapacitated Person**

The following is a description of the Incapacitated Person's abilities to perform and/or assist in the activities of daily living. Ms. Silverman needs some assistance with most daily living skills and sometimes needs verbal prompts to dress in a timely manner. She enjoys her job and has a good working relationship with her job coach and works well with her peers. She continues to participate in PACE classes, The Arc of Spokane Day Program and Special Olympics . In September she went on a vacation to Disneyland and to visit her sister in California.

**6. Guardian's Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person**

The Guardian's specific plan for meeting the identified and emerging personal care needs of the Incapacitated Person is as follows: As guardian, I plan to continue to monitor Ms. Silverman's needs and care with staff and regular visits at her adult family home, participate in Individual Service Plan meetings, and attend medical and dental appointments. I also plan to continue to spend time with Susan in our home as she enjoys spending some weekends, birthdays, and holidays with us.

**7. Contact Information for Facility or Home of Incapacitated Person, Guardian and Standby Guardian**

	Facility/Home Contact	Guardian	Standby Guardian
Full Name	Bob Urich	Mary A. Smith	James P. Smith
Mailing Address	11423 E Knox	3647 E 36 <sup>th</sup> Ave	3647 E 36 <sup>th</sup> Ave
City, State, Zip	Spokane WA 99216	Spokane WA 99203	Spokane WA 99203
*Telephone Number	(509) 999-9999	(509) 926-9999	(509) 926-9999

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 3/9/08.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian [ ] WSBA No. [ ] CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509)926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

***Note: Do not attach records produced and signed by a health care provider to this form.***

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

**Susan Silverman**

Incapacitated Person

No. 07-4-0000-0

**Order Approving Personal Care  
Plan  
(ORAPRT)**

**Initial**     **Periodic**

**Clerk's Action Required**

**Guardianship Summary**

**Due Dates**

Date Guardian Appointed: 1/12/07

Date Letters of Guardianship Expire: 5/12/10

Due Date for Periodic Personal Care Plan (GP): 4/12/10

**Guardian/Incapacitated Person**

Certified Professional Guardian

Non-Professional Guardian ( Training Required)

Full     Limited     Estate

Full     Limited     Person

Relationship to Incapacitated Person **Daughter**

	<b>Incapacitated Person (include facility contact)</b>	<b>Guardian</b>
Full Name	<b>Bob Urich</b>	<b>Mary A. Smith</b>
Mailing Address	<b>11423 E Knox</b>	<b>3647 E. 36<sup>th</sup> Ave</b>
City, State, Zip	<b>Spokane, WA 99216</b>	<b>Spokane, WA 99203</b>
*Telephone	<b>(509) 999-9999</b>	<b>(509)926-9999</b>

Number		
Facsimile		
Email		

**Other Interested Parties**

	Interested Party	Interested Party
Full Name	<b>Bob Smith</b>	<b>Howard Spencer</b>
Mailing Address	<b>1700 Grand Blvd</b>	<b>1012 N Monroe</b>
City, State, Zip	<b>Spokane, WA 99205</b>	<b>Spokane, WA 99205</b>
*Telephone Number	<b>See Confidential Sheet</b>	<b>(509) 926-1234</b>
Facsimile		
Email		
Relation to Incapacitated Person	Brother	Son

Based upon the petition of the Guardian of the Person and the documents filed with the petition, *the court makes the following:*

**I. FINDINGS OF FACT**

The Personal Care Plan includes all of the facts necessary to give the court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

**II. CONCLUSIONS OF LAW**

The  Initial Personal Care Plan  Periodic Personal Care Plan should be approved.

**III. ORDER**

The  Initial Personal Care Plan  Periodic Personal Care Plan is approved.

The Clerk of the Court shall reissue letters of guardianship expiring on 5/12/09. All prior letters of guardianship have expired.

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and

access to any information, available to the guardian, including medical records, relating to the incapacitated person.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

Presented by:

Mary A. Smith  
Signature of Guardian/Attorney

Mary A. Smith  
Print Name of Guardian/Attorney  WSBA  CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane, WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**



(Copy Receipt)

(Clerk's Date Stamp)



SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE

In re the Guardianship of:

**Susan Silverman**

An Incapacitated Person

CASE NO. **07-4-00000-0**

GUARDIAN'S REPORT, ACCOUNTING,  
AND PROPOSED BUDGET

(ANR)

*If you need more room to answer any item, please attach an additional page.*

**1. Date of Appointment and Reporting Period:** The Guardian was appointed on 1/12/07.

This report covers the period from 1/12/07 through 1/31/08. The closing date for all reports is 1/31 (the **ending date** of the last reporting period) and the Guardian is required to file reports within 90 days of that date. The Guardian is to file a report every  12,  24,  36 months.

**2. Scope of Guardianship:** [Check **all** boxes that are appropriate.]

Full Guardianship of the Person  Full Guardianship of the Estate

Limited Guardianship of the Person  Limited Guardianship of the Estate

The Incapacitated Person is a beneficiary of a Trust, which was approved by the Court or is subject to court supervision. The Trustee's name, address, and court case number are:

N/A.

**3. Contact Information for Facility/Home of Incapacitated Person, Guardian and Standby Guardian:**

	<b>Incapacitated Person</b>	<b>Guardian</b>	<b>Standby Guardian</b>
Full Name	<u>Susan Silverman</u>	<u>Mary A Smith</u>	<u>James P Smith</u>
Mailing Address	<u>11423 E Knox</u>	<u>3647 E 36<sup>th</sup> Ave</u>	<u>3647 E 36<sup>th</sup> Ave</u>
City, State & Zip	<u>Spokane WA 99216</u>	<u>Spokane WA 99203</u>	<u>Spokane WA 99203</u>
*Telephone Number	<u>(509) 999-9999</u>	<u>(509) 926-9999</u>	<u>(509) 926-9999</u>
Email Address	_____	_____	_____

**4. Interested Parties:** *[List each person who has filed a Request for Special Notice of Proceedings and those whom the Court has designated to receive copies of reports.]*

<b>Name</b>	<b>Mailing Address</b>	<b>Relationship to Incapacitated Person</b>

**5. Interested Governmental Agencies:** *[Check each box that is applicable.]*

The Incapacitated Person is a veteran who has served in the United States Military. Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174.

**6. Benefits Received.** The Guardian receives the following benefits on behalf of the

Incapacitated Person:  SSDI/SSA;  SSI;  Medicaid;  Medicare;  
 Copes;  TANF;  HUD;  Food Stamps;  GAU;  
 Public Assistance;  VA;  CSA;  Other--Specify: **Part time Employment**

7. **Inventory.** An inventory of all property of the Incapacitated Person's estate at the commencement of the Guardianship  is, or  is not on file herein. An updated inventory is contained in this Report.
8. **Periodic Personal Care Plan.** [To be filled out by all Guardians of the Person.]
- a. **Status.** The Incapacitated Person is now 51 years of age.  
The Guardian believes that the Incapacitated Person  is receiving satisfactory care  
OR  the Guardian has the following concerns for which a change is requested \_\_\_\_\_.
- b. **Change in Residence.** The following changes in residence of the Incapacitated Person occurred during the report period: Ms. Silverman continues to reside at BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216.
- c. **Medical Condition.** The physical and medical condition of the Incapacitated Person are as follows: Ms. Silverman has mild mental retardation along with Downs Syndrome. She wears glasses and still has a speech impairment. She had gall bladder surgery in July and is doing well. She attends regular medical and dental appointments.
- d. **Mental Condition.** The mental and emotional condition of the Incapacitated Person are: Ms. Silverman sometimes becomes anxious and can be irritable at times and seeks reassurance from staff. She continues to enjoy her home, roommates, job and activities spending time with the family.
- e. **Description of Incapacitated Person's Functional Ability.** Following is a description of the functional abilities of the Incapacitated Person: Ms. Silverman continues to need verbal prompts to dress and with other daily living skills. She continues to participate in The Arc of Spokane Day Program, PACE classes, Special Olympics and working.
- f. **Activities of the Guardian Taken on Behalf of the Incapacitated Person.** The following is a description of the activities in which the Guardian has engaged for the benefit of the Incapacitated Person: Monitored Ms. Silverman's needs and health

concerns with staff and regular visits at the adult family home, participated in Individual Service Plan Meetings, attended medical and dental appointments, managed finances and spent time with Susan in or home as she enjoys spending time with the family especially birthdays and holidays.

g. **Description of Recommended Changes in Scope of Authority of Guardian.** The scope of authority of the Guardian  remains the same, OR  should be changed as follows:

\_\_\_\_\_.

h. **Names of Professionals Who Have Aided the Incapacitated Person.** The following professionals have assisted the Incapacitated Person during the period covered by this report: Dr. James Jones, MD; Katherine McManus, Therapist.

i. **Guardian's Plan for Future Care.** The Guardian's care plan,  remains the same, OR  is changed as follows: Prepare Ms. Silverman's home for sale and list with a real estate company.

9. **Proposed Budget:**  The Guardian of the Estate/Trustee seeks authority to make expenditures for the Incapacitated Person or beneficiary according to the proposed budget attached.

**10. Security for Estate Assets:**

a. Guardian/Trustee's Bond: The Court now requires a bond in the amount of:	\$0
b. Total balance in blocked accounts at end of review period:	\$0
c. Total balance unblocked at end of review period:	\$4,661.38
d. The bond should: <input checked="" type="checkbox"/> remain the same; OR <input type="checkbox"/> be changed to	\$

11. **Fees:** If Guardian and/or attorney fees are requested, attach or submit a separate, itemized fee declaration which describes the specific services rendered, the time required, the rate of compensation, and the out-of-pocket costs incurred:

Guardian \$0 Administrative Costs (Medicaid cases only) \$ \_\_\_\_\_

Attorney \$0 Accountant \$0

The Guardian also seeks authorization for monthly advance of fees during the next reporting period and up to 90 days thereafter in the amount of \$0 per month.

12. **Court Approval:** The guardian petitions the Court for approval of this Report, Accounting and Proposed Budget.

13. **THE GUARDIAN OF THE ESTATE MUST COMPLETE AND ATTACH ONE OF THE FOLLOWING FORMS (check the appropriate box):**

- ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE FOR NON-PROFESSIONAL GUARDIANS (Estates in excess of \$80,000.00 in liquid assets and/or real estate)**
- ACCOUNTING SUMMARY FORM #2 – SHORT FORM (Estates less than \$80,000.00 in liquid assets and no real estate)**
- ACCOUNTING SUMMARY FORM #3 – FOR PROFESSIONAL GUARDIANS AND TRUSTEES (Estates in excess of \$80,000.00 in liquid assets and/or real estate)**
- SOCIAL SECURITY REPRESENTATIVE PAYEE REPORT – FOR NON-PROFESSIONAL GUARDIANS (Estates with SSI, SSA (retirement) or SSD (disability) as only source of income and an estate less than \$2,000.) MUST HAVE PRIOR COURT APPROVAL. (The Social Security Representative Payee Report is a financial source document. File it with Form #S1-Sealed Confidential Guardianship Document Cover Sheet in the confidential file.)**

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

**DO NOT ATTACH RECORDS PRODUCED AND SIGNED BY A HEALTH CARE PROVIDER TO THIS FORM.**

**ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE  
FOR NON-PROFESSIONAL GUARDIANS  
(Estates in excess of \$80,000.00 in liquid assets and/or real estate)**

**14. Estate Information**

For Accounting Period starting 1/12/07 and ending 1/31/08.

Description and last four digits of account #	Value at Beginning of Accounting: Date: <u>1/12/07</u>	Value at End of Accounting: Date: <u>1/31/08</u>	Difference
<b>Real Estate</b>			
11423 E Knox, Spokane WA 99216	\$86,900.00	\$88,900.00	\$2,000.00
<b>Bank and Investment Accounts (include financial institution and last four digits of account # only)</b>			
Inland NW Bank, Checking, 9745	\$5,989.69	\$3,914.45	(\$2,075.24)
<b>Money Owed TO the Incapacitated Person (Mortgages, Contracts, Promissory Notes Payable to the Incapacitated Person)</b>			
<b>Furniture, Vehicles, Boats, and Other Personal Property</b>			
Personal Property	\$750.00	\$675.00	(\$75.00)
<b>15. Total Value of Assets</b>	<b>\$96,639.69</b>	<b>\$93,489.45</b>	<b>(\$3,150.24)</b>

<b>Liabilities (List all debts or obligations of the Incapacitated Person and the Estate)</b>			
<b>U.S. Bank (Mortgage)</b>	<b>\$23,114.69</b>	<b>\$21,099.14</b>	<b>(\$2,015.55)</b>
<b>16. Total of Liabilities</b>	<b>\$23,114.69</b>	<b>\$21,099.14</b>	<b>(\$2,015.55)</b>
<b>17. Net Totals (Item 15 minus Item 16)</b>	<b>\$70,525.00</b>	<b>\$72,390.31</b>	<b>(\$1,865.31)</b>

**SET FORTH TOTAL FIGURES FOR ENTIRE ACCOUNTING PERIOD. DO NOT USE MONTHLY FIGURES.**

**18. Income Received From All Sources During the Reporting Period**

	<b>Current Monthly Benefit</b>	<b>Total Received</b>
<b>a. Wages</b>	<b>\$200.00</b>	<b>\$2,400.00</b>
<b>b. Social Security</b>	<b>\$729.00</b>	<b>\$8,748.00</b>
<b>c. Retirement Benefits</b>	\$	\$
<b>d. Disability</b>	\$	\$
<b>e. Health Insurance Benefits</b>	\$	\$
<b>f. Other Monthly Income</b>	\$	\$
<b>g. Gain on Sale of Asset:</b> Asset: Asset:	\$	\$
<b>h. Interest on Certificate(s) of Deposit</b>	\$	\$
<b>i. Income on Mutual Funds</b>	<b>\$16.00 varies</b>	<b>\$189.33</b>
<b>j. Savings Account Interest</b>	\$	\$
<b>k. Money Market/Checking Account Income</b>	\$	\$
<b>l. From Trust or Spousal Maintenance</b>	\$	\$
<b>m. Adjustment for Increase in Value of:</b>	\$	\$
<b>n. Adjustment for Increase in Value of:</b>	\$	<b>\$2,000.00</b>
<b>o. Other:</b>	\$	\$
<b>19. Total Income</b>	<b>\$945.00</b>	<b>\$13,337.33</b>

## 20. Disbursements and Outgoing Payments

<b>Personal Living Expenses</b>	
a. Housing (Rent/Mortgage) at:	\$4,428.00
b. Heat/Lighting/Water/Sewer/Cable/Telephone	\$618.40
c. Household Maintenance	\$575.63
d. Food and Household Supplies	\$1,863.49
e. Clothing	\$401.50
f. Personal Care and Services (Other than Medical Attendants)	\$
g. Insurance for:	\$
h. Allowance or Money Given Directly to Incapacitated Person	\$
i. Auto and Transportation	\$258.00
j. Travel	\$187.00
k. Other:	\$
<b>Healthcare Expenses</b>	
l. Health Insurance Premium	\$1,180.00
m. Doctor Fees	\$
n. Hospital and Health Care Providers	\$
o. Prescription and Pharmacy	\$83.39
p. Medical Transportation	\$
q. Visiting Nurse/Companion Services	\$
r. Other:	\$
<b>Professional Fees</b>	
s. Guardian Fees	\$1,200.00
t. Attorney Fees for Guardian	\$
u. Attorney Fees for Petitioner	\$
v. Guardian ad Litem Fees and Costs	\$
w. Trustee Fees	\$
x. Bond Premium	\$130.00
y. In-Home Services	\$
z. Accounting Fees	\$
aa. Other:	\$
<b>Other Expenses</b>	
bb. Subscriptions	\$
cc. Bank Charges	\$
dd. Federal Income Tax	\$
ee. Gifts	\$
ff. Adjustments for Decrease in Value of:	\$75.00
gg. Adjustments for Decrease in Value of:	\$
hh. Other:	\$
<b>21. Total Disbursements Outgoing From Incapacitated Person's Estate</b>	<b>\$11,000.41</b>



22. Net Total of Income and Disbursements (Item 19 minus Item 21)	\$2,336.92
--	------------

**Supporting Documents:** Cancelled checks, (if not available, copies or images of cancelled checks or copies of check registers), monthly bank statements, brokerage statements, and an itemized list of all transactions **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Guardianship Monitoring Program Office with **a copy** of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT SPOKANE, WASHINGTON THIS 2nd DAY OF APRIL, 2009.

Mary A. Smith

Signature of Guardian  
3647 E 36<sup>th</sup> Ave

Address  
(509) 926-9999

\*Telephone/Fax Number

Mary A. Smith

Printed Name of Guardian, WSBA/CPG#  
Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

**ACCOUNTING SUMMARY FORM #2 – SHORT FORM**  
(Estates less than \$80,000.00 in liquid assets and no real estate)

**14. Estate Information**

For Accounting Period starting 1/12/07 and ending 1/31/08.

**15. Total Assets at Market Value as of the beginning of review period \$1,739.69.**

**SET FORTH TOTAL FIGURES FOR ENTIRE ACCOUNTING PERIOD. DO NOT USE MONTHLY FIGURES.**

<b>Income:</b>	
Social Security (SSA)	\$
SSI	<b>\$6,600.00</b>
VA/Railroad/CSA Pension	\$
Retirement Pension	\$
Wages	<b>\$600.00</b>
Interest and Dividends	\$
Other	\$

**16. Total Income:**

**\$7,200.00**

<b>Disbursements:</b>	
Room and Board (Rent, Nursing Home, Family Home)	<b>\$5,400.00</b>
Personal Funds	<b>\$1,200.00</b>
Entertainment & Travel	\$
Transportation (mileage, bus pass, taxi scrip, etc.)	\$
Medical and Dental	\$
Guardian Fees (if allowed)	\$
Attorney Fees	\$
Other: <b>Clothing</b>	<b>\$400.00</b>

**17. Total Disbursements:**

**\$7,000.00**

**18. Adjustments**

(Net gain/loss in value of assets over accounting period) **\$0**

**19. Total Assets** (as of closing date of accounting period) **\$1,939.69**

(Line 15, plus Line 16, minus Line 17 plus or minus Line 18 should equal Line 19. If it does not, your account does not balance. The account must balance to be approved by the Court.)

**20. Explanation** (for any large or unusual expenditures, adjustments, or purchases)

**21. Asset List** as of accounting period ending date stated on Line 14 above. List all financial accounts and include the type of account, last four digits of account number, financial institution or company name. You may use the figures from the last statement received from a financial institution or company corresponding to the date of the accounting period.

Financial Institution	Type of Account	Acct # (last 4 digits only)	Balance/Market Value
Inland NW Bank	Checking	9745	\$1,264.69
			\$
			\$
<b>Other Assets:</b>	<b>Description</b>		<b>Value</b>
<b>Personal Property</b>			<b>\$675.00</b>
			\$

**TOTAL:** (This total should equal line 19.) **\$1,939.69**

**Supporting Documents:** Cancelled checks, (if not available, copies or images of cancelled checks or copies of check registers), monthly bank statements, brokerage statements, and an itemized list of all transactions **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Guardianship Monitoring Program Office with a copy of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT Spokane, WASHINGTON THIS 2nd DAY OF April, 2008.

Mary A. Smith

Signature of Guardian

Mary A. Smith

Printed Name of Guardian, WSBA/CPG#

3647 E 36<sup>th</sup> Ave

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

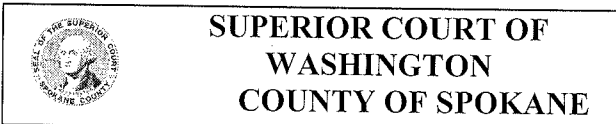
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

**Susan Silverman**

An Incapacitated Person

CASE NO. **07-4-00000-0**

ORDER APPROVING GUARDIAN'S  
REPORT, ACCOUNTING AND BUDGET

(Clerk's Action Required) (ORAPRT)

**Guardianship Summary**

**Due Dates**

Date Guardian Appointed 1/12/07  
 Date Letters of Guardianship Expire 5/12/09  
 Due Date for Report and Accounting (GE) 4/12/09

**Guardian/Incapacitated Person**

- Certified Professional Guardian  
 Non-Professional Guardian ( Training Required)  
 Full  Limited  Estate  
 Full  Limited  Person

Relationship to Incapacitated Person Daughter

	<b>Incapacitated Person (include facility contact)</b>	<b>Guardian</b>
Full Name	Bob Urich	Mary A. Smith
Mailing Address	11423 E Knox	3647 E 36 <sup>th</sup> Ave
City, State, Zip	Spokane, WA 99216	Spokane, WA 99203
*Telephone Number	(509) 999-9999	(509) 926-9999
Facsimile		

Email		
<b>Other Interested Parties</b>		
	<b>Interested Party</b>	<b>Interested Party</b>
Full Name	Bob Smith	Howard Spencer
Mailing Address	1700 Grand Blvd	1012 N Monroe
City, State, Zip	Spokane, WA 99205	Spokane, WA 99206
*Telephone Number	See Confidential Sheet	(509) 926-1234
Facsimile		
Email		
Relation to Incapacitated Person	Brother	Son

Having reviewed the Guardian's Report, Accounting, and Budget the Court now orders:

1. The Guardian's Report, Accounting, and Budget is approved;
2. The Guardian shall provide the next Report and Accounting for the  12,  24 or  36 month period from 1/31/2008 (the **ending date** of the last reporting period); and the Report, Accounting, and Proposed Budget shall be presented to the Court for review and approval **within** 90 days following the conclusion of that reporting period;
3. The Guardian fees of \$0, attorney fees of \$0, and administrative costs (DSHS cases only) of \$0 payable during the period covered in this report are hereby approved. The Guardian fees of \$\_\_\_\_\_ per month, subject to court approval, are found to be reasonable and necessary. Above fees are approved for payment from the  guardianship estate assets OR  as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.71. The monthly deduction from the participation in cost of care is authorized for the next 12 month reporting period and ninety days thereafter from the date of this order, to \_\_\_\_\_, 20\_\_\_\_.
4. Bond  remains the same or  is changed to \$\_\_\_\_\_; and
5. The Clerk of the Court shall reissue letters of guardianship expiring on 5/12/09. All prior letters of guardianship have expired.
6. The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and

access to any information, available to the guardian, including medical records, relating to the incapacitated person.

7. Other: \_\_\_\_\_

DATED AND SIGNED IN OPEN COURT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

Mary A. Smith

\_\_\_\_\_  
Signature of Guardian/Attorney

3647 E 36<sup>th</sup> Ave

\_\_\_\_\_  
Address

(509) 926-9999

\_\_\_\_\_  
Mary A. Smith

Mary A Smith

\_\_\_\_\_  
Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

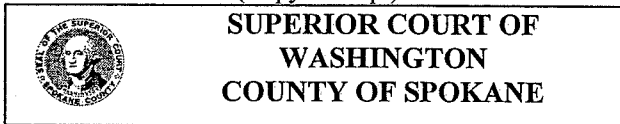
\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Mary A Smith

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

**Susan Silverman**

CASE NO. **07-4-00000-0**

DECLARATION OF SERVICE

(AFSR)

I declare:

1. I am a competent person over the age of eighteen (18) years, a citizen of the United States, a resident of the State of Washington and am not a party to this action.
2. I caused to be served true and correct copies of the:

- Petition for Appointment of Guardian
- Notice of Guardianship Petition
- Order Appointing Guardian ad Litem and Notice of Hearing
- Other: **Order Setting Hearing on Petition to Settle Final Account and Final Accounting**

on (date) 10/15/08 (time) 10:13 a.m. to the following individuals at the following address by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name: **Office of Financial Recover**  
 Address: **PO BOX 9501**  
**Olympia WA 98507**

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_



Name: **Bob Smith**  
Address: **1700 Grand Blvd**  
**Spokane WA 99205**

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

- Hand Delivered (Personal Service)
- Regular 1<sup>st</sup> Class US Mail
- Certified Mail, Return Receipt Requested
- Other: \_\_\_\_\_

(Attach Return Receipt if service by certified mail.)

I declare under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Dated this **15th** day of **October**, 2008,

at (city) **Spokane**, (state) **Washington**.

*Harry Lenox*

Signature

Harry Lenox

Printed Name

4215 N Maple

Address

Spokane WA 99205

City State, Zip Code

(509) 325-0000

Telephone/Fax Number

Email Address

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

**Susan Silverman**

CASE NO. **07-4-00000-0**

NOTICE OF CHANGE OF ADDRESS FOR

- Incapacitated Person (NT)  
 Guardian (NT)  
 Attorney (NTACA)  
 Other Interested Party (NT)

(CLERK'S ACTION REQUIRED)

The following individual's address has changed, and the Clerk of the Court is requested to enter the same into the Court records and computer data-base (SCOMIS):

**Incapacitated Person.** The Incapacitated Person's new address and \*phone number are:  
**Royal Plaza Adult Family Home, 9700 N Perry, Spokane WA 99208 (509) 326-9999.**

**Guardian.** The Guardian's new address and \*phone number are:

**Attorney.** The attorney representing \_\_\_ has a new address and phone number:

**Other Interested Party.** \_\_\_, an interested party in this Guardianship proceeding has a new address and phone number:

Date of Notice: **September 13, 2007**

Effective Date of Notice, if different from above: **September 1, 2007**

Signature of Person Giving Notice: **Mary A. Smith**

Printed Name of Person Giving Notice: Mary A. Smith

### DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this document with first class postage prepared to the persons and addresses listed below:

SIGNED AT Spokane, WASHINGTON THIS 13th DAY OF September, 2008

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36<sup>th</sup> Ave

Address

(509) 926-9999

\*Telephone/Fax Number

Mary A. Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

Email Address

Name: <b>Dept of Dev. Disabilities</b>	Name: <b>Howard Spenser</b>
Address: <b>123 Main Street</b>	Address: <b>1012 N Monroe</b>
City, State, Zip: <b>Spokane WA 99201</b>	City, State, Zip: <b>Spokane WA 99205</b>
*Telephone:	*Telephone:
Name: <b>Bob Smith</b>	Name: <b>Terrance Hawk</b>
Address: <b>1700 Grand Ave</b>	Address: <b>11213 E Appleway</b>
City, State, Zip: <b>Spokane WA 99205</b>	City, State, Zip: <b>Spokane WA 99216</b>
*Telephone:	*Telephone:

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

Susan Silverman

CASE NO. 07-4-00000-0

NOTICE OF CHANGE IN CIRCUMSTANCES  
(NT)

The following circumstances have changed with regard to the Incapacitated Person.

**1. Financial.** [*Examples of changes in circumstances include: a material increase or decrease in income or assets, including eligibility for state, or federal benefits or entitlements.*] Susan's maternal Grandmother passed away leaving Susan \$257,893.45 in her will. A Special Needs Trust has been established and funded with this inheritance.

**2. Physical.** [*Examples of changes in condition include: a material change in health, such as hospitalization, illness, increase or decrease in mental abilities.*]

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

DATED AND SIGNED IN OPEN COURT THIS 16th DAY OF June, 2007.

\_\_\_\_\_  
Signature of Guardian/Attorney  
3647 E 36<sup>th</sup> Ave

\_\_\_\_\_  
Address  
(509) 926-9999

\_\_\_\_\_  
\*Telephone/Fax Number

Mary A. Smith  
\_\_\_\_\_  
Printed Name of Guardian/Attorney, WSBA/CPG#  
Spokane WA 99203


\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)

	<b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b>
In the Guardianship of:	
<b><u>Susan Silverman</u></b>	

CASE NO. **07-4-00000-0**

PETITION FOR INSTRUCTIONS  
(PT)

**PETITION AND DECLARATION**

**1. Relief Requested.** An Order of Instructions regarding authority of Guardian.

**Statement of Facts.** The undersigned Guardian was appointed by this Court on 1/12/07 [date]. The following situation exists, necessitating instructions from the Court: **Recent sale of Real Estate has raised issue of community property. Guardian is responsible for entire Estate.**

**2. Issue.** Whether the Guardian should: **Divide proceeds of sale and put Susan's into a blocked account.**

**3. Evidence Relied Upon.** The statements herein, the Court file, and oral presentation.

**4. Authority.** (Cite any statutes or cases that may be applicable).

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT SPOKANE, WASHINGTON THIS 2<sup>nd</sup> DAY OF OCTOBER, 2007

*Mary A. Smith*

Signature of Guardian  
3647 E 36<sup>th</sup> Ave

**Mary A Smith**

Printed Name of Guardian, WSBA,CPG#  
Spokane WA 99203

---

Address

(509) 926-9999

---

\*Telephone/Fax Number

---

City, State, Zip Code

---

Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)



SUPERIOR COURT OF WASHINGTON  
COUNTY OF SPOKANE

In the Guardianship of:

Susan Silverman

CASE NO. 07-4-00000-0

ORDER ON PETITION FOR  
INSTRUCTIONS

Clerks Action Required (OR)

The Guardian's Petition for Instructions came on for hearing before the Court on this date; the Court reviewed the Petition and records on file herein and heard the presentations of those present: Mary A. Smith, (Guardian). The Court now enters the following:

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

**Recent sale of real estate raised issue of community property. Guardian is responsible for entire estate. The issue is how proceeds from sale should be disbursed. Proceeds are on deposit with the real estate closing attorney.**



ORDER OF INSTRUCTIONS

Real estate closing attorney shall divide proceeds of sale and issue two checks, one to Mr. Silverman and the second to the guardian, Mary A. Smith. The guardian will deposit the checking into a blocked account and furnish a receipt of funds in blocked account within 30 days of this order.

DATED AND SIGNED IN OPEN COURT THIS 2nd DAY OF October, 2007.

\_\_\_\_\_  
Judge/Court Commissioner

\_\_\_\_\_  
Signature of Petitioner/Attorney

3647 E 36<sup>th</sup> Ave

\_\_\_\_\_  
Address

(509) 926-9999

\_\_\_\_\_  
\*Telephone/Fax number

Mary A. Smith

\_\_\_\_\_  
Printed Name of Petitioner/Attorney,

WSBA/CPG#

Spokane WA 99203

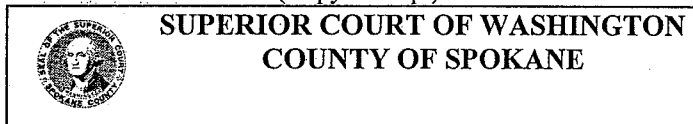
\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

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(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

Susan Silverman

CASE NO. 07-4-00000-0

PETITION FOR ORDER  
EXTENDING TIME  
(ORET)

COMES NOW the  Guardian,  Guardian ad Litem, or  Attorney for Susan Silverman and petitions the Court :

- 1. Relief Requested.** An order extending the currently scheduled due date for the  Guardianship hearing  Guardian ad Litem Report (interim report required)  Other: Report and Accounting (name of activity, filing or service) from 4/12/08 until 5/15/08.
- 2. Statement of Facts.** The above-listed activity, filing or service is currently due to occur on or by the date stated above. An extension of time for this requirement is requested for the following reasons, which constitute good cause for the extension of time to complete the activity: Guardian has not received statements from all financial institutions in order to complete the report. Telephone calls have guaranteed receipt in time to meet the extended date.  
 The 60<sup>th</sup> day from filing the petition is : \_\_\_\_\_.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.


SIGNED AT SPOKANE, WASHINGTON THIS 7th DAY OF MARCH, 2008

_____ Signature of Petitioner/Attorney	<u>Mary A. Smith</u> Printed Name of Petitioner/Attorney, WSBA,CPG#
<u>3647 E 36<sup>th</sup> Ave</u> Address	<u>Spokane WA 99203</u> City, State, Zip Code
<u>(509) 926-9999</u> *Telephone/Fax Number	_____ Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)

 <p><b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b></p>	In the Guardianship of:
	<b><u>Susan Silverman</u></b>

CASE NO. **07-4-00000-0**

ORDER ON PETITION FOR  
EXTENDING TIME

**ORDER**

The Court extends the currently scheduled due date for the **Report and Accounting** (name of activity, filing, service) from **4/12/08** to **5/15/08**.

The Guardian ad Litem is directed to file an interim report no later than \_\_\_\_\_.

DATED AND SIGNED IN OPEN COURT THIS **7th** DAY OF **MARCH**, 2008.

\_\_\_\_\_  
Judge/Court Commissioner

*Mary A. Smith*

\_\_\_\_\_  
Signature of Petitioner/Attorney

**Mary A. Smith**

\_\_\_\_\_  
Printed Name of Petitioner/Attorney,  
WSBA, CPG#

3647 E 36<sup>th</sup> Ave

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

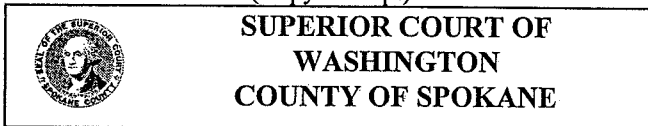
\*Telephone/Fax Number

Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Scaled Confidential Information and file in the confidential file.**

(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

Susan Silverman

CASE NO. 07-4-00000-0

PETITION AND DECLARATION FOR  
WITHDRAWAL FROM BLOCKED  
FINANCIAL ACCOUNT

**1. Identity of Petitioner, Funds To Be Withdrawn and Reason For Withdrawal.**

I am the Court-appointed Guardian or Guardian ad Litem in this action. I am the custodian of the funds of the above-named Incapacitated Person. At this time I am seeking a Court order authorizing a withdrawal from account # 8943 (last four digits only), type of account Savings, held at the following named financial institution: 1<sup>st</sup> Bank of Spokane in the amount of \$7,500.00 for the following reason or purpose(s): \_\_\_ OR

The Incapacitated Person named above became 18 years old on [insert text-date].

I am the person named above OR

I am the Court-appointed Guardian or Guardian ad Litem.

I am seeking to have the blocked account funds distributed and to have the Guardianship terminated. I am attaching a copy of a current account statement.

**2. Documents Required To Be Submitted with Petition for Withdrawal for Any Reason Other than the Incapacitated Person Reaching Age 18.**

I understand that according to law [RCW 11.92.040(3)], I am required to provide an inventory and accounting prior to the Court's considering this withdrawal. Attached to this application is:

- (a) An inventory of assets which came into my hands at the time I was appointed in this proceeding;
- (b). An accounting of all income, receipts, and expenditures received or made from the date of the Inventory or the date of the last Accounting.
- (c) If the person requesting the withdrawal is the parent of the Incapacitated Person who is a minor and the reason for the withdrawal is other than because the minor reached 18 years of age, I have completed the attached Financial Statement of my spouse and myself, which demonstrates why we are not able to pay for the item or services for which we are seeking this withdrawal.

### 3. Statement Regarding Repayment

The funds withdrawn

- shall not be subject to repayment, OR
- shall be repaid according to the following terms:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT SPOKANE, WASHINGTON THIS 14<sup>th</sup> DAY OF June, 2007

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36<sup>th</sup> Ave

Address

(509) 926-9999

\*Telephone/Fax Number

Mary A Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**



(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

**Susan Silverman**

CASE NO. **07-4-00000-0**

ORDER FOR WITHDRAWAL FROM  
BLOCKED ACCOUNT  
 ORDER TERMINATING  
GUARDIANSHIP

(CLERK'S ACTION REQUIRED)

The Petition for Withdrawal from Blocked Account having come before the Court and the Court having reviewed the file and records and finding good cause,

IT IS HEREBY ORDERED:

A. **1<sup>st</sup> Bank of Spokane** Bank/Financial Institution is authorized and directed regarding account #**8943** (last four digits only), type of account **Savings** to:

disburse the sum of **\$7,500.00** dollars OR

disburse the entire balance OR

transfer control and possession of the account

to \_\_\_ (name of person to receive funds or account) for the purpose stated in the Petition for Authorizing Withdrawal from Blocked Financial Account.

B. The funds

shall not be repaid OR

shall be repaid as set forth in the Petition.

C. The person receiving the funds shall file receipts for the expenditures within 30 days.

D. The Court Clerk shall issue a certified copy of this order upon payment of the fee.

E. This distribution

does OR

does not

terminate the Guardianship and/or this case file.

F. This matter is set for hearing at: Location of court: \_\_\_\_\_. At \_\_\_ (time) on the \_\_\_ day of  
, 20\_\_\_, for the Guardian, Guardian ad Litem, Attorneys and parties to appear and present receipts  
for expenditures or transfers of the assets, if they have not already filed them.

G.  This Petition is denied without prejudice because the Petition does not have an

inventory,

report and accounting, OR

financial statement attached.

A new Petition may be filed when all documents are complete and attached.

H.  The Petition is denied with prejudice, because:

DATED AND SIGNED IN OPEN COURT THIS 14<sup>th</sup> DAY OF JUNE, 2007.

\_\_\_\_\_  
Judge/Court Commissioner

Presented by:

Mary A. Smith

\_\_\_\_\_  
Signature of Guardian/Attorney

3647 E 36<sup>th</sup> Ave

\_\_\_\_\_  
Address

Mary A. Smith

\_\_\_\_\_  
Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

\_\_\_\_\_  
City, State, Zip Code

(509) 926-9999

---

\*Telephone/Fax Number

---

Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

## *Annual Statement of Cash Receipts*

**Guardianship of: Susan Silverman Case Number: 07-4-00000-0**

For the year of 2007.

Check or Cash Amount	Source of Funds (e.g. checking acct.)	Date Received	Incapacitated Person's Signature
\$20.00	checking/SS	1/15/07	SS
\$20.00	checking/SS	1/29/07	SS
\$150.00	checking/wages	2/5/07	SS
\$20.00	checking/SS	2/15/07	SS

Guardian Signature: *Mary A. Smith*

Date: 1/13/08

**Superior Court of Washington  
County of**

In the Guardianship of:

**Susan Silverman,**  
Incapacitated Person

**No. 07-4-00000-0**

**Notice of Death of  
Incapacitated Person  
(NT)**

The Guardian hereby notifies the court and interested parties that the above-named Incapacitated Person died on (date of death) **8/15/08** in (county and state) **Spokane, Washington**. At the time of death, the Incapacitated Person was **51** years of age, and was receiving custodial care at **BeeHive Adult Family Home, 11423 E Knox, Spokane Valley, WA 99216**.

The Guardian has or will commence the preparation of a Final Report and Accounting to present to the court and interested parties within 30 days of the death, as required by State law.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) **Spokane**, (state) **Washington** on (date) **8/21/08**.

*Mary A. Smith*

Signature of Guardian

Mary A. Smith

Print Name of Guardian

\_\_\_\_\_ [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave.

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999


\*Telephone/Fax Number

\_\_\_\_\_ Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

(Copy Receipt)

(Clerk's Date Stamp)

 <b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b>
In the Guardianship of:  <u>Susan Silverman</u>

Case No.: 07-4-00000-0

ORDER SETTING HEARING ON  
PETITION TO SETTLE FINAL  
ACCOUNT

The guardian has filed a petition to approve the final report pursuant to the termination of this guardianship. Notice shall be provided to all interested persons pursuant to RCW 11.88.040. Any person seeking to object to the final report may file their objections with the Clerk of the Court and provide a copy to the Court Administrator. They may also present their objections to the Court at 9:30 a.m. at Courtroom 304, West 1116 Broadway, Spokane, WA, on the 15th day of November, 2008, which is the time set for the Court to review all objections.

Done this 19<sup>th</sup> day of October, 2008.

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Mary A. Smith

Signature of Petitioner/Attorney  
3647 W 36<sup>th</sup> Ave

Address  
(509) 926-9999

\*Telephone/Fax Number

Mary A Smith

Printed Name of Petitioner/Attorney, WSBA, CPG#  
Spokane WA 99203

City, State, Zip Code

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Petition for Order Approving  
Guardian's Activities and Final  
Report  
(PTAPFR)**

**I. Petition and Final Report**

***The Guardian petitions the Court for approval of this Final Report.***

**1.1 Guardianship History.**

The undersigned was appointed  Full  Limited Guardian of the Person and/or  Full  Limited Guardian of the Estate on (date) 1/12/2007. The Guardian's most recent report was approved on (date) 4/16/2008; and it included all activities, income and disbursements through the date of 1/31/2008.

**1.2 Residence of Incapacitated Person:**

Throughout this report period, the Incapacitated Person resided at (facility name, if applicable, and address) BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216, in (city or county, and state) Spokane, Washington.

**1.3 Circumstances for Final Order.**

**A. If Final Order is Due to Death of Incapacitated Person:**

The Incapacitated Person died on (date) 8/15/2008.

There  is  is not a Will.

The Guardian requests authority to transfer the remaining Guardianship estate assets to the duly appointed or confirmed Personal Representative of the Estate, upon receipt of a Notice of Appointment and Pendency of Probate or properly executed Affidavit of Successor.

The guardian requests authority under RCW 11.88.150 to administer the estate of the deceased Incapacitated Person.

**B. If Final Order is Due to Determination of Capacity:**

On (date) \_\_\_\_\_, the Court determined that the incapacity had terminated and that there was now capacity to manage the personal care and administration of assets. I was directed to transfer all Guardianship assets to the (formerly) Incapacitated Person.

**C. If Final Order is Due to Removal or Resignation of Guardian:**

On (date) \_\_\_\_\_, the court removed the Guardian or the Guardian resigned.. The Guardian requested authority to transfer the assets to the duly appointed Successor Guardian upon the issuance of letters of Guardianship to said Successor.

**1.4 Care Plan**

A report setting forth the medical, mental, and social information for the Incapacitated Person and describing the Guardian's activities from the conclusion of the last reporting period date: 1/31/2008 until the  restoration of capacity OR  death of above-named Incapacitated Person  removal or resignation of the Guardian is attached or filed under form GDN Sealed Confidential Guardianship Information Sheet.

**1.5 Current Inventory**

Attached is a list, with values, of the assets of the Incapacitated Person's estate as of the date of the last reporting period and as of the date of this petition.

**1.6 Income and Disbursement**

Attached is a list of the source and amounts of the income received, and the amounts and descriptions, including names of payees and reasons, of disbursements made from the date of the last reporting period to the date this petition was filed.

**1.7 Liabilities**

The Guardian requests approval to pay the following outstanding liabilities from the Guardianship estate.

Guardian's Fees and Costs	\$
Attorney's Fees and Costs	\$
Other: <b>Medical</b>	<b>\$345.00</b>
Other:	\$
Other:	\$
<b>Total Payments to be Authorized:</b>	<b>\$345.00</b>

**1.8 Bond, Blocked Accounts and Other Court-Ordered Protection**

On the date this petition was filed, there was \$4,863.75 in unblocked accounts and \$0 in blocked financial accounts. The Guardianship bond issued by Traveler's Casualty identified by bond number 128075478, in the amount of \$10,000.00 (enter \$0, if there was no bond in effect) should



be exonerated upon the filing of a receipt by the Personal Representative, Successor Guardian of Incapacitated Person, or the Incapacitated Person who has been restored to capacity.

**1.9  Final Tax Return**

There was income for which a tax return  is OR  is not required. The Guardian recommends that the final tax return and tax obligations be handled as follows: The guardian or personal presentative will determine the need for a tax return and handle accordingly.

**II. Order**

***Wherefore the Guardian requests an order:***

- 1.2 Approving the Guardian's Final Report and Accounting and the actions of the Guardian.
- 2.2 Discharging the Guardian, exonerating the Guardian's Bond upon filing a receipt by the:  
 Successor Guardian or  
 Personal Representative, and closing the guardianship.  
 previously Incapacitated Person; and closing the guardianship.
- 2.3 Authorizing the Guardian to transfer the remaining assets in Guardianship estate to the duly appointed or confirmed Personal Representative, Successor Guardian of the Incapacitated Person, or the previously Incapacitated Person.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 11/15/2008.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

WSBA  CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Attachment to Petition for Order Approving Guardian's Activities and Final Report**

**Summary Listing by Categories of All Income and Disbursements From Conclusion  
of Last Reporting Period**

**In the Guardianship of Susan Silverman  
Cause No. 07-4-00000-0**

<b>Income Received</b>	
<b>a. Wages</b>	<b>\$1,276.40</b>
<b>b. Social Security</b>	<b>\$5,103.00</b>
<b>c. Interest on Mutual Funds</b>	<b>\$110.44</b>
<b>Total Income</b>	<b>\$6,489.84</b>
<b>Disbursements and Outgoing Payments</b>	
<b>a. Housing</b>	<b>\$2,583.00</b>
<b>b. Heat/Electricity/Water/Sewer/Cable Telephone</b>	<b>\$360.73</b>
<b>c. Household Maintenance</b>	<b>\$335.75</b>
<b>d. Food and Household Supplies</b>	<b>\$1,087.03</b>
<b>e. Clothing</b>	<b>\$234.22</b>
<b>f. Auto and Transportation</b>	<b>\$150.50</b>
<b>g. Travel</b>	<b>\$109.06</b>
<b>h. Health Insurance Premiums</b>	<b>\$688.31</b>
<b>i. Prescription and Pharmacy</b>	<b>\$48.65</b>
<b>j. Guardian Fees</b>	<b>\$700.00</b>
<b>k. Bond Premium</b>	<b>\$130.00</b>
<b>l. Adjustment for Decrease in Personal Property</b>	<b>\$43.75</b>
<b>Total Disbursements</b>	<b>\$6,471.04</b>

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Order Approving Guardian's  
Final Report  
(ORPVFR)**

**Clerk's Action Required**

The Guardian's Petition for Approval of the Final Report and Accounting having duly and regularly come on for hearing, the Court now enters the following:

**I. Findings of Fact and Conclusions of Law**

**1.1 History of Guardianship**

(Name) Mary A. Smith, was appointed as the Guardian of the Person and/or Estate in this matter on (date) 1/12/07. The court last reviewed the activities of the Guardian on (last report approval date) 4/16/08.

**1.2 Termination of Guardianship**

The guardian  resigned  was discharged. Or

The Incapacitated Person  was adjudicated to have regained capacity, OR  passed away on (date) 8/15/08, thus terminating the authority of the guardian.

**1.3 Activities of Guardian**

Since the conclusion of the last reporting period, the Guardian's activities  have  have not been in accordance with the law.

**1.4 Value of Estate Assets**

As of the date of termination of Guardianship, the Estate had assets with a total value of approximately \$4,863.75, consisting of Checking and Savings.

**1.5 Estate Liabilities**

The creditors of the Guardianship estate are:

Name of Creditor	Amount of Debt
Dr. James Jones	\$ 345.00
	\$
	\$
	\$

The Estate  does OR  does not have sufficient assets to pay the debts, all of which were reasonable and were incurred for the benefit of the Incapacitated Person during the term of the Guardianship.

**1.6  Probate Estate**

Probate of the Estate  is OR  is not necessary.

**1.7 Bond**

A bond in the amount of \$10,000.00 is in place. The bond was issued by (insurer) **Traveler's Casualty** and is identified as bond number **128075478**.

**1.8 Final Report and Guardian Activities**

The final report of the Guardian contains all of the information required by statute and court rule. The activities taken by the Guardian for the benefit of the Incapacitated Person from (ending date of last report) 1/31/08 through the date of Guardian's Final Report have been reasonable and should be approved.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.9 Reasonableness of Fees**

The fees for the Guardian and attorney are reasonable and appropriate, and should be approved:  
Guardian: \$ 0 Attorney: \$ 0  
These fees should be paid from the Guardianship Estate.

**1.10 Need to Close Guardianship and Discharge Guardian**

After the Guardian has filed receipts of proof evidencing payment of the liabilities authorized for payment, the Guardian's and attorney's fees approved herein, and the distribution of any remaining Guardianship assets to the:

Successor Guardian, under the Guardianship,  the prior Guardian should be discharged  and the bond exonerated.

Or

Duly appointed personal representative of the incapacitated person, or  to the Incapacitated Person who has regained capacity, the Guardianship should be closed, the Guardian discharged, and the bond exonerated.

### 1.11 Income Taxes

A final income tax return  does OR  does not need to be filed on behalf of the decedent. If so, it shall be filed by (date) \_\_\_\_\_.

## II. Order

### 2.1 Acts of Guardian

The actions of the Guardian from (ending date of last report) 1/31/08 through this date are approved.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2.2 Approval of Report and Accounting

The Final Report of the Guardian is approved.

### 2.3 Provisions for Filing of Tax Return

The Guardian shall arrange for the filing of a final tax return for the deceased Incapacitated Person as provided above, and for payment of any income tax due based on that return.

### 2.4 Authority to Pay Outstanding Obligations of Estate

The Guardian shall pay from the Guardianship estate all of the liabilities and fees previously found reasonable in this order or previous orders in this case and any final income taxes due. After payment of the above liabilities and fees, the Guardian shall transfer all remaining assets to the:

Successor Guardian.

Duly appointed personal representative of the incapacitated person  upon receipt of Notice of Appointment and Pendency of Probate  under a properly executed Affidavit of Succession.

To the Incapacitated Person who has regained capacity.

### 2.5 Provisions for Closing Case

Upon filing receipts or proof of the payments directed in this order, the Guardian, shall petition the court for an Order of Discharge, closure of the case, and exoneration of the bond, if any.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave.

Address

Spokane WA 99203

City, State, Zip Code

(509) 926- 9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

**Petition for Order Closing  
Guardianship and Discharging  
Guardian  
(PTORCG)**

**I. Petition and Declaration**

**1.1 Guardianship History**

The undersigned Guardian was appointed Guardian of the Incapacitated Person on (date) 1/12/07. The court approved the Final Report of the Guardian on (date) 11/15/08, and ordered that the following steps be taken to effectuate the closure of this Guardianship:

**Pay all liabilities and fees previously found reasonable and file receipts of proof of payment directed.**

**1.2 Activities by Guardian Since the Entry of the Order Approving Final Report**

Since the entry of the Order Approving the Final Report, the Guardian has completed all of the requirements and conditions set forth by the court in that Order.

**1.3 Bond**

A Guardianship bond in the amount of \$10,000.00 (enter 0 if there is no bond in effect) with (name of insurer on bond) Traveler's Casualty identified by bond number: 128075478 was filed and approved in this case.

## II. Requested Relief

*Wherefore, the Guardian requests an order.*

- 2.1 Determining that the Guardianship proceeding of the person and estate is completed.
- 2.2 Discharging the Guardian.
- 2.3 Exonerating the bond filed in this case, if any.
- 2.4 Directing the Clerk of the court to close this case.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 12/2/08.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

\_\_\_\_\_  
[ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**



Superior Court of Washington  
County of Spokane

In the Guardianship of:

Susan Silverman,  
Incapacitated Person

No. 07-4-00000-0

Order Closing Guardianship  
and Discharging Guardian  
(ORTG)

Clerk's Action Required

I. Findings of Fact

1.1 History of Guardianship

The Guardian was appointed as the Guardian of the Person and/or Estate in this matter on (date) 1/12/07. The court approved the Final Report of the Guardian on (date of hearing) 11/15/08.

1.2 Closing Activities of Guardian

Since the entry of the Order Approving Guardian's Final Report, the Guardianship bond in the amount of \$10,000.00 with (insurer) Traveler's Casualty identified by bond number 128075478 is in place.

II. Order

2.1 **Completion of Guardianship.** The Guardianship proceeding of the person and estate of the Incapacitated Person is completed.

2.1 **Discharge of Guardian.** The Guardian is discharged.

2.3 **Exoneration of Bond.** The Bond is exonerated.

2.4 **Closure of Case.** This Guardianship case is closed.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Judge/Court Commissioner

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney [ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,

Incapacitated Person

No. 07-4-00000-0

**Declaration of Completion  
(Guardianship of Minor)  
RCW 11.88.140(2)  
(DCLCMP)**

**Declaration**

**1. Legal Age**

The minor subject to this guardianship attained eighteen years of age on (date) 7/4/07.

**2. Payment of Funds**

The Guardian has paid or transferred all of the minor's assets in the Guardian's possession to the former minor, who has signed a receipt for all such accounts, funds, and assets. The receipt has been or will be filed with the court not later than the date this Declaration is filed.

**3. Completion**

The Guardian has completed the administration of the estate, and the Guardianship is ready to be closed.

**4. Fees**

The total amounts of fees paid to the Guardian, attorneys, and accountant are:

	Amount	Source of Payment
Guardian:	\$0	
Attorneys:	\$0	
Accountant:	\$300.00	Check

**5. Notice of Filing**

The original of this Declaration of Completion is being filed with the court on (date) **8/11/07**.

**6. Finality**

The Guardian believes that the fees paid are reasonable and does not intend to obtain court approval of the amount of the fees or to submit a Guardianship estate accounting to the court for approval.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) **Spokane**, (state) **Washington** on (date) **8/11/07**.

Mary A. Smith  
Signature of Guardian

Mary A. Smith  
Print Name of Guardian

\_\_\_\_\_  
[ ]WSBA [ ]CPG#

3647 E 36<sup>th</sup> Ave  
Address

Spokane WA 99203  
City, State, Zip Code

(509) 926-9999  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

## Certificate of Mailing

I am eighteen (18) years of age or older. I am neither a party to nor interested in the above-entitled matter. I am competent to act as a witness herein.

On (date) 8/11/07, I deposited in the United States Mail, first-class, postage pre-paid, true and correct copies of this document to each of the individuals at the addresses listed on Exhibit A attached to this declaration.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 8/11/07

Kay Morris

Signature of Declarant

(NOT the Guardian and NOT the former minor)

Kay Morris

Print Name of Declarant

(NOT the Guardian and NOT the former minor)

1200 E Broadway

Address

Spokane WA 99201

City, State, Zip Code

(509) 324-9999

\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

**Superior Court of Washington  
County of Spokane**

In the Guardianship of:

Susan Silverman,

Incapacitated Person

**No. 07-4-00000-0**

**Notice of Filing a Declaration  
of Completion (Guardianship  
of Minor)  
(NTFDCP)**

**Notice is given** that the undersigned filed the Declaration of Completion (Guardianship of Minor) on (date) 8/11/07. If within 30 days after the filing date, you do not file a petition requesting the court to review the reasonableness of the fees, or for an accounting, or both, and serve a copy of the petition on the Guardian or the Guardian's lawyer, the following will occur:

- the amount of fees paid or to be paid will be deemed reasonable,
- the acts of the Guardian will be deemed approved,
- the Guardian will automatically be discharged without further order of the court, and
- the Declaration of Completion (Guardianship of Minor) will be final and deemed the equivalent of an order terminating the Guardianship, discharging the Guardian and decreeing the distribution of the Guardianship assets.

If you file and serve a petition within the period specified, the undersigned will request the court to set a hearing on your petition, and you will be notified of the time and place of the hearing by mail, or by personal service, not less than ten days before the hearing on the petition.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 8/11/07.

Mary A. Smith  
Signature of Guardian

3647 E 36<sup>th</sup> Ave  
Address

(509) 926-9999  
\*Telephone/Fax Number

Mary A. Smith  
Print Name of Guardian

Spokane WA 99203  
City, State, Zip Code

\_\_\_\_\_  
Email Address

[ ]WSBA [ ]CPG#

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF  
WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

**Susan Silverman**  
Name of Minor

CASE NO. **07-4-00000-0**

DECLARATION OF MAILING

(DCLRM)

**Mary A. Smith**, states as follows:

On **August 11<sup>th</sup>**, **2007**, I caused to be delivered via U.S. Regular Mail, a copy of Notice of Filing a Declaration of Completion of Guardianship and Declaration of Completion of Guardianship for Minor to the following individual:

Name of Minor: **Susan Silverman**  
Street Address: **11423 E Knox**  
City, State, Zip: **Spokane Valley WA 99216**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge, memory and belief, my statements above are true and correct.

DATED this **11<sup>th</sup>** day of **August**, **2007**.



Presented by:

*Mary A. Smith*

Mary A. Smith

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Printed Name of Guardian/Attorney,

WSBA/CPG#

\_\_\_\_\_  
3647 E. 36<sup>th</sup> Ave

\_\_\_\_\_  
Spokane WA 99203

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(509) 926-9999

\_\_\_\_\_  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

**GENERAL RULE 22**  
**ACCESS TO GUARDIANSHIP COURT RECORDS**

**This document is designed to assist you in understanding restricted access documents (confidential documents) and restricted personal identifiers. It is a guide and not a legal document. Access to guardianship case documents is governed by general court rule GR 22. It is the sole responsibility of the attorneys and /or parties to comply with this rule. Court staff or the clerk will not review each document for compliance with this rule.**

**RESTRICTED ACCESS DOCUMENTS**

Most Superior Court cases are open to the public. Some documents in guardianship cases are considered restricted access documents and are not available to the public. These documents **must** be filed with a Sealed Confidential Document Cover sheet (form S1) and will then be automatically sealed by the clerk. The other parties in the case, their attorneys, court personnel and certain other interested persons may have access to these documents.

Restricted Access Documents:

- Guardian ad Litem Report
- Medical/Psychological Report
- Financial Source Documents
  - ✓ #37-Receipt of Funds into Blocked Account
  - ✓ #27-Declaration of Guardian Assets Held in Financial Institution
  - ✓ Social Security Representative Payee Report
  - ✓ Tax returns, W-2s and schedules, wage stubs, credit card statements, financial institution statements, checks or the equivalent, check registers, loan application documents, retirement plan orders, as well as other financial information sealed by court order
- Personal Health Care Records (must be produced and signed by a health care provider)

**RESTRICTED PERSONAL IDENTIFIERS**

Unless otherwise necessary or ordered by the court, persons filing documents with the court should not include and, if present, shall remove or omit personal identifiers.

Restricted Personal Identifiers are a party's:

- social security number
- driver's license number
- telephone number
- financial account number (If financial account numbers are relevant, only the last four digits should be included in the document.)
- date of birth of a minor child

## INSTRUCTIONS FOR FILING GUARDIANSHIP DOCUMENTS

- File the original of the current document(s), with the exception of the proposed order(s), in the Spokane County Clerk's Office, room 300, Spokane County Courthouse
- The following documents must be provided to the Guardianship Monitoring Program, room, 103, Spokane County Courthouse:
  - One photocopy of the current document, stamped with the date the original was filed (stamp at Clerk's Office counter)
  - All required accompanying documents (cancelled checks, bank statements, receipts, etc.) in support of the accounting
  - One original and one photocopy of the proposed Order Approving (**Do not STAMP or FILE**)
  - One stamped, self-addressed envelope with sufficient postage for return copy of order approving and any original financial supporting documents which you have requested sent back to you. You may provide copies of financial supporting documents which GMP will shred when the audit is complete. (Please note all original supporting documents will be shredded if not picked up within 6 months).

**The following (check marked) current document(s) are required:**

<u>Form Number</u>	<u>Form Title</u>
<input type="checkbox"/> 20	Oath of Guardian WPF GDN 04.0200
<input type="checkbox"/> 20A	Designation of and Consent by In State (Resident) Agent WPF GDN 04.0300
<input type="checkbox"/> 21	Guardianship Inventory WPF GDN 04.0500
<input type="checkbox"/> 22	Initial Personal Care Plan WPF GDN 04.0700
<input type="checkbox"/> 22A	Periodic Personal Care Plan WPF GDN 05.0700
<input type="checkbox"/> 23	Designation of Standby Guardian WPF GDN 04.0350
<input type="checkbox"/> 24	Cash Receipt Journal SPO GDN 02.0240
<input type="checkbox"/> 25	Notice of Right to Request Special Notice WPF GDN 04.0800
<input type="checkbox"/> 27	Declaration of Guardian: Assets Held in Financial Institutions WPF GDN 04.0400
<input type="checkbox"/> 29A	Guardian's Report, Accounting, and Proposed Budget SPO GDN 02.0290
<input type="checkbox"/> 29A1, 29A2 <b>OR</b> 29A3	Accounting Form SPO GDN 02.0291, 02.0292, <b>OR</b> 02.0293 (based on estate value)
<input type="checkbox"/> 29B	Order Approving Guardian's Report, Accounting, and Budget SPO GDN 02.0294
<input type="checkbox"/> 33A	Petition for Approval of Budget, Disbursements & Initial Personal Care Plan WPF GDN 05.0100
<input type="checkbox"/> 33B	Order Approving Budget, Disbursements & Initial Personal Care Plan WPF GDN 05.0500
<input type="checkbox"/> 33C	Order Approving Personal Care Plan SPO GDN 02.0330
<input type="checkbox"/> 37	Receipt of Funds into Blocked Account WPF GDN 04.0600
<input type="checkbox"/> Letters of Guardianship (must be obtained in Spokane County Clerk's Office)	
<input type="checkbox"/> Other(s) _____	

***Guardians who do not live in Spokane may mail the above to the following address:***

Spokane County Superior Court Guardianship Monitoring Program  
1116 West Broadway Suite 103  
Spokane, WA 99260-0350  
509-477-2622

**Guardianship Forms are available online at [www.spokanecounty.org/superiorcourt/guardianforms](http://www.spokanecounty.org/superiorcourt/guardianforms)**

Or the guardianship forms may be purchased at the Spokane County Bar Association Office on the fourth floor of the Spokane County Courthouse Annex.

## COMMUNITY RESOURCES

The following list of community resources is not all-inclusive, but provides a beginning directory of community resources for Spokane County's elderly and incapacitated citizens.

### DISABILITY RESOURCES

**Adult Protective Services** investigates alleged abuse, neglect, exploitation and abandonment of vulnerable adults and provides emergency support services to those found in need of protection. 509-323-9400, 1-800-459-0421, TDD 509-568-3086 [www.aasa.dshs.wa.gov](http://www.aasa.dshs.wa.gov)

**The ARC of Spokane County** advocates and provides programs and services for persons with developmental disabilities and their families. 509-328-6326, [www.arc-spokane.org](http://www.arc-spokane.org)

**DisabilityResources.Org** has a regional directory of the available resources throughout Washington State with many hyperlinks. [www.disabilityresources.org/WASHINGTON.html](http://www.disabilityresources.org/WASHINGTON.html)

**Division of Developmental Disabilities (DDD)** assists persons with developmental disabilities and their families to obtain support and services. 509-329-2900, [www1.dshs.wa.gov/ddd/index.shtml](http://www1.dshs.wa.gov/ddd/index.shtml)

**Home and Community Services (HCS)** provides a variety of services for elderly, functionally disabled and vulnerable adults. Medicaid eligibility required for most services. 509-323-9400, [www.aasa.dshs.wa.gov](http://www.aasa.dshs.wa.gov)

**Long-Term Care Ombudsman Program** advocates on behalf of residents of long-term care facilities and resolves complaints and concerns regarding quality-of-life residential issues. 509-456-7133, [www.snapwa.org](http://www.snapwa.org)

**Spokane Mental Health** provides mental health services to individuals who suffer from serious and persistent mental illness. 838-4651, TDD 624-0004, [www.smhca.org](http://www.smhca.org)

**Veteran's Administration** provides benefits and services to veterans and their families. 509-434-7000, 1-800-325-7940, [www.va.gov](http://www.va.gov)

### LEGAL RESOURCES

**Center for Justice** provides civil (not criminal) legal services to persons who are low income or have special legal needs. 509-835-5211, [www.cforjustice.org](http://www.cforjustice.org)

**Northwest Justice Project** provides free civil (not criminal) legal services to persons who are low-income. 509-324-9128, 1-888-201-1019, [www.nwjustice.org](http://www.nwjustice.org)

**University Legal Assistance** provides free legal services to persons over 60 years of age who are low income. 509-323-5791

**Volunteer Lawyers' Program** provides free civil (not criminal) legal services to residents of Spokane County who are low-income. 509-324-0144, [www.spokanebar.org](http://www.spokanebar.org)

## PUBLIC ASSISTANCE RESOURCES

**Medicaid** is a federal and state program that provides health care and long-term care needs to qualified low-income persons. [www1.dshs.wa.gov/geninfo/medicaid.html](http://www1.dshs.wa.gov/geninfo/medicaid.html)

**Medicare** is a federal program that provides health care benefits to qualified individuals age 65 and older and disabled persons. 1-800-772-1213, [www.socialsecurity.gov](http://www.socialsecurity.gov)

**Social Security Administration** provides the elderly, persons with disabilities and survivors with benefits for insured individuals under Social Security. Provides **Supplemental Security Income (SSI)** to persons of limited income and resources who are over age 65 or disabled. 1-800-772-1213, TDD 1-800-325-0778, [www.socialsecurity.gov](http://www.socialsecurity.gov)

**Spokane Mental Health** provides mental health services to individuals who suffer from serious and persistent mental illness. 509-838-4651, TDD 509-624-0004, [www.smhca.org](http://www.smhca.org)

## SENIOR RESOURCES

**Aging & Long Term Care of Eastern Washington** coordinates and administers long term care services to the elderly. 509-458-2509, TTY 509-477-4442, [www.altcew.org](http://www.altcew.org)


**Elder Services** provides clinical case management to at-risk elderly living in their own homes. Medicaid priority. 509-458-7450, TDD 509-835-1282, [www.smhca.org](http://www.smhca.org)

**Home and Community Services (HCS)** provides a variety of services for elderly, functionally disabled and vulnerable adults. Medicaid eligibility required for most services. 509-323-9400, [www.aasa.dshs.wa.gov](http://www.aasa.dshs.wa.gov)

**Long-Term Care Ombudsman Program** advocates on behalf of residents of long-term care facilities and resolves complaints and concerns regarding quality-of-life residential issues. 509-456-7133, [www.snapwa.org](http://www.snapwa.org)

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# Guardianship Notes