

**Superior Court of Washington
County of**

In the Guardianship of:

Alleged Incapacitated Person

Case No.

**Declaration of Completion of
Guardian Training**

I. Motion

I have been appointed:

I am seeking appointment:

Full Limited Guardian of the Person

Full Limited Guardian of the Estate

Full Limited Guardian of the Estate and

Dated: _____

Signature

Print or Type Name

II. Declaration of Completion

I have successfully completed the court approved training on the authority and responsibilities of guardians.

I 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) _____.

Signature

Print or Type Name