

**Superior Court of Washington  
County of**

In the Guardianship of:

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

**No.**

**Order Closing Guardianship and  
Discharging Guardian**

**Death of Incapacitated Person**  
(ORTGD)

**Capacity Returned** (ORTGC)

**Clerk's Action Required**

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**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) \_\_\_\_\_. The court approved the Final Report of the Guardian on (date of hearing) \_\_\_\_\_.

**1.2 Closing Activities of Guardian**

Since the entry of the Order Approving Guardian's Final Report, the Guardianship bond in the amount of \$\_\_\_\_\_ with (insurer) \_\_\_\_\_ identified by bond number \_\_\_\_\_ 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:

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
\*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.**