

**Superior Court of Washington
County of**

In the Guardianship of:

Incapacitated Person

No.

**Declaration of Mailing
(DCLRM)**

I, _____, declare that I am at least 18 years of age and not a party to this action and:

On (date) _____, I deposited into the U.S. Mail, first class, postage prepaid, a copy of the Notice of Filing a Declaration of Completion and the Declaration of Completion (Guardianship of Minor) to the following individual:

Name of Minor: _____

Street Address: _____

City, State, Zip: _____.

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) _____.

Signature

Print Name

[]WSBA []CPG#