

**Superior Court of Washington
County of**

In the Guardianship of:

Incapacitated Person

No.

**Notice of Guardian's Intent to
Resign and Petition to Appoint
Successor Guardian
(NTPASG)**

To: The Clerk of the Court,
The Incapacitated Person,
The Standby Guardian, _____,
(Name) _____,
And to all other interested persons who have requested special notice of proceedings:

Please be advised that I intend to resign as Guardian. I will immediately submit my request, a final accounting, and a petition for discharge as Guardian, exoneration of bond and for approval of the final accounting. I petition the court to have the Standby Guardian, (name) _____,
 (name) _____ appointed as successor Guardian upon filing the oath and any required bond.

Signed at (city) _____, (state) _____ on (date) _____.

Signature of Guardian

Print Name of Guardian []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.**