

**Superior Court of Washington  
County of Clallam**

In the Guardianship of:

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

**No.**

**Guardianship Summary  
(GDSM)**

Date Guardian Appointed: \_\_\_\_\_  
 Due Date for Report and Accounting: \_\_\_\_\_  
 Date of Next Review: \_\_\_\_\_  
 Letters Expire On: \_\_\_\_\_  
 Bond Amount: \$ \_\_\_\_\_  
 Restricted Account Agreements Required:  yes  No  
 Due Date for Receipt(s) of Funds in Blocked Account(s): \_\_\_\_\_

*Complete this information only for order appointing guardian*  
 Due Date for Inventory (no later than 3 months from appointment): \_\_\_\_\_  
 Due Date for Care Plan (no later than 3 months from appointment): \_\_\_\_\_  
 The clerk shall notify the auditor of loss of voting rights:  Yes  No

Certified Professional Guardian (CPG)  Public Professional Guardian (PUG)  
 Lay (Family) Guardian (LGD)  Training Completed  Training Required

	<b><u>Incapacitated Person (IP)</u></b>	<b><u>Guardian of:</u></b> <input type="checkbox"/> Estate <input type="checkbox"/> Person
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Facsimile</b>		

	<b><u>Standby Guardian</u></b>	<b><u>Interested parties</u></b>
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Relation to IP</b>		