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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of:) Case No.:
)
) ORDER FOR WITHDRAWAL
_____,) FROM BLOCKED ACCOUNT
) [] ORDER TERMINATING
) GUARDIANSHIP
)
An Incapacitated Person.) (CLERK'S ACTION REQUIRED)

The Petition for Withdrawal from Blocked Account having come before the Court and the Court having reviewed the file and records and finding good cause,

IT IS HEREBY ORDERED:

A. _____ Bank/Financial Institution is authorized and directed regarding from account # _____:
[] to disburse the sum of \$ _____ dollars OR
[] the entire balance OR
[] to transfer control and possession of the account
to _____ (*name of person to receive funds or account*) for the purpose stated in the Petition for Authorizing Withdrawal from Blocked Financial Account.

B. The funds
[] shall not be repaid OR [] shall be repaid as set forth in the Petition.

- 1 C. The person receiving the funds shall file receipts for the expenditures within 30 days.
- 2 D. The Court Clerk shall issue a certified copy of this order upon payment of the fee.
- 3 E. This distribution [] does OR [] does not terminate the Guardianship and/or this
- 4 case file.
- 5 F. This matter is set for hearing at: Location of court: _____ at
- 6 _____(time) on the ____ day of _____, 200__, for
- 7 the Guardian, Guardian ad Litem, Attorneys and parties to appear and present receipts for
- 8 expenditures or transfers of the assets, if they have not already filed them.
- 9 G. [] This Petition is denied without prejudice because the Petition does not have an
- 10 [] inventory, [] report and accounting, OR [] financial statement attached.
- 11 (*A new Petition may be filed when all documents are complete and attached.*)
- 12 H. [] The Petition is denied with prejudice, because: _____

13 DATED AND SIGNED IN OPEN COURT THIS ____DAY OF _____, 200__.

14 _____
Judge/Court Commissioner

15 Presented by:

16 _____
17 Signature
18 _____
19 Address
20 _____
21 City, State, Zip Code

16 _____
17 Printed Name
18 _____
19 Telephone/Fax Number
20 _____
21 Email Address