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| --- | --- |
| (Copy Receipt) | (Clerk’s Date Stamp) |
|  | SUPERIOR COURT OF WASHINGTON**COUNTY OF SPOKANE** |  |
| In the Guardianship / Conservatorship of: Person subject to guardianship / conservatorship. | CASE NO.  CREDITOR’S RECEIPT(RCP) |

I acknowledge receipt of the amount of $ from the above referenced case. This amount is accepted in full payment and satisfaction of a claim that the Guardian / Conservator or Court has previously approved, and which was submitted on behalf of the above named Person subject to guardianship / conservatorship.

Dated:

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| --- | --- | --- |
|  |  |   |
| Authorized Signature  |  | Printed Name of Person Signing |
|   |  |   |
| Company |  |  |
|   |  |   |
| Address |  | City, State, Zip Code |
|   |  |   |
| Telephone/Fax Number |  | Email Address |