

**SUPERIOR COURT OF WASHINGTON
FOR _____ COUNTY**

Estate of

_____ ,

Deceased.

NO. _____

**DECLARATION OF MAILING OF
PROBATE NOTICE TO CREDITORS
TO WDSHS
(RCW 11.40.020(1)(d))**

I declare under penalty of perjury under the laws of the State of Washington that on the date written below, I added Decedent's Social Security Number to a true and correct copy of the *Probate Notice to Creditors* filed in these proceedings and mailed by first-class mail of the US Postal Service, postage prepaid, that copy to:

**Office of Financial Recovery
WA Dept. of Social & Health Services
PO Box 9501
Olympia, WA 98507-9501**

SIGNED

On _____

At _____

_____ ,

Personal Representative

Declaration of Mailing of Probate Notice to
Creditors to WDSHS
RCW 11.40.020(1)(d)
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