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21-4-00040-23  
PTAPGD 2  
Petition for Appointment of Guardian  
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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR MASON COUNTY**

In Re the Guardianship of:

VIRGINIA LEE JACKSON,

An Alleged Incapacitated Person.

NO. 21-4-00040-23

PETITION FOR THE  
APPOINTMENT OF GUARDIAN  
OF PERSON AND ESTATE

The State of Washington, Department of Social and Health Services (Department) petitions the Court, pursuant to RCW 11.88 and RCW 74.34, for an order appointing a guardian of the person and estate of Virginia Lee Jackson (hereafter "Ms. Jackson"). In support, the Department alleges:

1. ALLEGED INCAPACITATED PERSON

The alleged incapacitated person, Ms. Jackson, was born in 1933. She currently resides in Mason County, Washington. *See Declaration of Alexandra Holgersen-Bjork.*

2. NATURE AND DEGREE OF THE ALLEGED INCAPACITY

Ms. Jackson is an incapacitated person as defined in RCW 11.88.010(1)(a) and (b) because she is at significant risk of personal and financial harm based upon demonstrated management insufficiencies over time. Ms. Jackson has serious medical diagnoses, including diagnoses that affect her cognitive abilities. *See Declaration of Alexandra Holgersen-Bjork.*

Ms. Jackson has demonstrated an inability to provide for her own nutrition, health, housing and physical safety. She requires assistance with all activities of daily living, and she is

ORIGINAL

1 unable to effectively advocate for herself. Without a guardian, Ms. Jackson will be at risk of  
2 losing her benefits and going without necessary care. *See Declaration of Alexandra Holgersen-*  
3 *Bjork.*

4 3. DESCRIPTION/VALUES OF PROPERTY:

5 The approximate value and the description of the property owned by the AIP is:

6	1.	Real Property:	\$104,700 (assessed)
7	2.	Stock, Mutual Funds and Bonds:	\$
8	3.	Mortgages and Notes:	Unknown – Peninsula Credit Union
9	4.	Bank Accounts	\$44,845
10	5.	Furniture:	\$
11	6.	Other Personal Property:	\$
12		Total Approximate Value of Assets is:	\$149,545

13 There are periodic compensation, pension, insurance, and allowances as follows:

14	1.	Social Security Benefits:	\$1,347/month
15	2.	Veterans Benefits	\$/month
16	3.	Earnings From Work	unknown
17	4.	Supplemental Security Income:	\$/month
18		Approximate Total Monthly Income:	\$1,347

19 4. ESTIMATE OF ESTATE

20 The exact nature of Ms. Jackson's estate is unknown. To the Department's knowledge,  
21 she has no income beyond what appears above.

22 5. EXISTING OR PENDING GUARDIANSHIPS

23 To the Department's knowledge, there are no pending or existing guardianship actions  
24 for the person or estate of Ms. Jackson. Ms. Jackson's family members have not produced a  
25 durable power of attorney document executed by her.

26 ///

1           6.    NOMINEE

2           The Department requests that the guardian ad litem investigate to determine an  
3 appropriate guardian for Ms. Jackson.

4           7.    RELATIVES

5           The names and addresses, as far as known or can be ascertained, of persons most closely  
6 related by blood and marriage to Ms. Jackson are:

Name	Address	Relationship
Marcia Marasco	(973) 945-3031	Daughter

9           8.    CURRENT CARE

10          Ms. Jackson resides in her own home in Mason County, Washington. *See Declaration of*  
11 *Alexandra Holgersen-Bjork.*

12          9.    REASONS FOR APPOINTMENT OF A GUARDIAN

13          Ms. Jackson is at significant risk of personal harm due to her physical and mental  
14 impairment. She is unable to make decisions regarding her health and welfare, living  
15 arrangements, or finances, and is dependent on others for making decisions and solving problems  
16 for her. It is in her best interest that this Court appoint a guardian to monitor her safety and well-  
17 being and to make medical and financial decisions on her behalf.

18          10. ALTERNATIVES

19          There are no alternatives in place such as an existing Title 11 guardianship or power of  
20 attorney. Ms. Jackson does not have reliable family members to provide substitute informed  
21 consent for medical treatment or to pursue public assistance or other benefits on her behalf.

22          11. AREAS OF PROTECTION AND ASSISTANCE

23          Ms. Jackson requires assistance with her care and activities of daily living including  
24 making important medical decisions and who should care for her. She is incapable of caring for  
25 herself. *See Declaration of Alexandra Holgersen-Bjork.*

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CERTIFICATE

I am an authorized representative of the Department of Social and Health Services. I have read the foregoing petition, and declare under penalty of perjury under the laws of the State of Washington that the contents thereof are true and correct.

Alexandra Holgersen-Bjork  
Alexandra Holgersen-Bjork, Social Worker  
DSHS/APS

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In Re the Guardianship of:

**VIRGINIA LEE JACKSON,**  
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NO.

**GR 17 DECLARATION RE:  
ELECTRONIC SIGNATURE ON  
PETITION FOR GUARDIANSHIP**

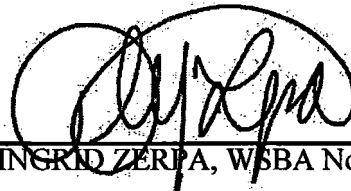
Pursuant to the provisions of GR 17, I declare as follows:

1. I received the foregoing Signature Page by electronic transmission from Alexandra Holgersen-Bjork and declare that it is on bond paper.
2. My address is: Office of the Attorney General  
P.O. Box 40124  
Olympia, WA 98504
3. My phone number is: (360) 586-6486
4. The email address where I received the document is: Ingrid.Zerpa@atg.wa.gov.
5. I have examined the foregoing document, determined that it consists of 6 pages, including this Declaration page, and that it is complete and legible.

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct.

Dated at Tumwater, Washington this 18th day of February, 2021.

Signature:



INGRID ZERPA, WSBA No. 51459