MARYLAND [□ CIRCUIT □ ORPHANS' COURT	FOR	, MARYLANI		
CDICIARY T		Cage No.			
L	Located atCourt Address	dress Case No.			
In the N	Matter of				
	Name of Minor or Disabled Person	Docket Refe	Docket Reference		
	PETITION FOR TERMINATION OF (Md. Rt	GUARDIANSHIP OF THE Plule 10-710)	ROPERTY		
File this jurisdict	Use this form to ask the court to terminate the g form within 45 days after discovery of the grou ion over the guardianship. Attach all required de e court issues an order terminating the guard	ands for termination in the circuit or ocumentation to the petition. The gu	orphans' court that has a rdianship does not en		
Ι,	Name	, whose address is			
	Name				
and who	ose email address (if available) is		, ask that the court		
termina	te the guardianship of the property of	Name of Minor or Disabled	Person		
I state t	hat:				
1.	My relationship to the minor or disabled in ☐ guardian of the person and property		uardian of the property		
2.	Name of Guardian of the Property	was appointed guardia	n of the property for		
	Name of Minor or Disabled Person				
3.	My interest in the guardianship estate is:				
4.	The following is a list of names, addresse available) of all interested persons (see M	•	•		

4.	<u>Name</u>	Relationship to Minor or Disabled Person	<u>Address</u>	<u>Telephone</u> <u>Number</u>	<u>Email</u> <u>Address</u>
 5. Gu		p of the property should be			
A	copy of th	Name of Minor ne minor's birth certificate o	r other proof o	f age is attached to	this petition.
		Name of Minor	became	e emancipated becau	se of marriage on
	Date of petition.	f Minor's Marriage . A copy	of the minor's	marriage certificate	is attached to this
	minor o	ame of Minor or Disabled Person r disabled person's death ce	rtificate is atta	ched to this petition	•
	\square A \mathfrak{p}	probate estate was opened in	n the Orphans'	Court of	County,
		Estate Number			•
	_ ^	probate estate has not been remaining assets are jointly	•	e 🗌 no assets rem	ain in the estate
	for guard end of th within 2	Name of Disabled Person dianship (cessation of disab- ne disability was completed 1 days of filing of this petit C-GN-022, Medical Certific	ility). One (1) by a physician ion and is attached	original medical center of the content of the conte	tificate showing to the the disabled person

☐ Guardianship of the property sho	ould be terminated because th	e following event specified in the
order appointing the guardian of	the property occurred on	Date
☐ All assets in the estate have been the property.	distributed as authorized in t	he order appointing the guardian of
☐ The following other good cause	exists to terminate the guardi	anship:
6. Section 6 applies if you are the	guardian of the property.	
in the last account filed, or, if no	one, from the date you were a ary's Account, if the guardian	count covering the period not reported appointed as guardian of the property. aship is in the circuit court or RW1320, purt).
		there are assets remaining in the estate n of any remaining assets in the estate.
8. All required documentation is a	attached.	
FOR THESE REASONS, I ask the	court to:	
1. Accept my request to termi	nate guardianship of the prop	perty of
Name of Minor o	r Disabled Person	
2. ReleaseName of Gu	of of the Property	the duties as guardian of the property.
	erested persons and any other	r persons directed by the court to show
4. Grant any other and further	relief as may be required.	
I solemnly affirm under the penal of my knowledge, information, and be		nts of this document are true to the best
Date		Signature
		Printed Name
CC-GN-029 (Rev. 08/2020)	Page 3 of 3	PETEG