MARYLAN	, 🗆 CIRCUIT 🗆 ORPHANS' COURT F	OR, MARYLAND		
1 an		City/County		
UDICIARS	Located at Court Address	Telephone		
In the M		Case No		
	Name of Minor or Disabled Person	Docket Reference		
	PETITION FOR TERMINATION PERSON AND (Md. Rules 10-20	PROPERTY		
or disabl or orpha petition.	led person. File this form within 45 days after d ns' court that has jurisdiction over the guardian	guardianship of the person and property of a minor discovery of the grounds for termination in the circuit aship. Attach all required documentation to the art issues an order terminating the guardianship		
I,	, whose	address is		
		telephone number is,		
and who	se e-mail address (if available) is	, ask that the cour		
terminat	e the guardianship of the person and property o	f Name of Minor or Disabled Person		
I state th	at:			
1.	My relationship to the minor or disabled persproperty \Box guardian of the person and prope	on is \Box guardian of the person \Box guardian of the rty \Box other (<i>describe</i>):		
2.	Name of Guardian of the Person	was appointed guardian of the person for by order of this court on		
	Name of Minor or Disabled Person	Date		
3.	Name of Guardian of the Property	was appointed guardian of the property for		
	Name of Minor or Disabled Person	by order of this court on Date		

4. The following is a list of names, addresses, telephone numbers, and e-mail addresses (if available) of all interested persons (see Md. Code, Estates and Trusts Article, §13-101(j)):

<u>Name</u>	Relationship to Minor or Disabled Person	<u>Address</u>	<u>Telephone</u> <u>Number</u>	<u>E-mail</u> Address			
5. The guardianship should be terminated because (select all that apply):							
	Image: Name of Minor reached the age of majority on Date of Minor's 18 th Birthday						
A copy of	f the minor's birth certificate			•			
□became emancipated because of marriage on							
Date of M	. A copy of th	e minor's marri	age certificate is att	ached to this petitio			
	of Minor or Disabled Person						
	ninor or disabled person's death certificate is attached to this petition.						
\square A probate estate was opened in the orphans' court of							
— · · · P	-	-		County			
	Estate Number filed	Date	•				
□ A p	\Box A probate estate has not been opened because \Box no assets remain in the estate						
	all remaining assets are joint	ly owned.					
	me of Disabled Person	longer has the d	lisability that was t	he basis for			
Na guardianship	me of Disabled Person (cessation of disability). On	e (1) original m	edical certificate co	onfirming the end of			
the disability	was completed by a physici	an who has exa	nined the disabled	person within 21 da			
of the filing	of this petition and is attache	d to this petition	n. (The physician sh	ould complete the			
Medical Cer	tificate - Cessation of Disabi	lity (CC-GN-02	2).				

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□ Guardianship of the property should be terminated because the following event specified in the order appointing the guardian of the property occurred on:

Date

- \Box All assets in the estate have been distributed as authorized in the order appointing the guardian of the property.
- \Box The following other good cause exists to terminate the guardianship:
- 6. Attached to this petition is a final Fiduciary's/Guardian's Account covering the period not reported in the last account filed, or, if none previously filed, from the date you were appointed as guardian of the property. (Use the Fiduciary's Account (CC-GN-012), if the guardianship is in the circuit court or RW1320, Guardian's Account, if the guardianship is in the orphans' court).
- 7. Section 7 applies if there are assets remaining in the estate. Attached to this petition is a proposal for the final distribution of any remaining assets in the estate.
- 8. All required documentation is attached.

FOR THESE REASONS, I ask the court to:

1. Accept my request to terminate guardianship of the person and property of

Name of Minor or Disabled Person

- 2. Release ______ of the duties as guardian of the person.
- 3. Release ______ of the duties as guardian of the property.
- Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.
- 5. Grant any other and further relief as may be required.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date		Signature	
Street Address	Printed Name		
City, State, Zip	Telephone Number		
E-mail		Fax	
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