	S - CIRCUIT - ORTHANS COURT FO	City/County , WART LAND					
igh							
CDICIA	R ² Located at Court Address	Telephone					
	2323132233	Case No					
n the	Matter of						
	Name of Minor or Disabled Person	Docket Reference					
	PETITION FOR TERMINATION OF GU (Md. Rule						
oerson court ti guardi	n. File this form within 45 days after discovery of that has jurisdiction over the guardianship. Attach	uardianship of the property of a minor or disabled the grounds for termination in the circuit or orphanall required documentation to the petition. The rder terminating the guardianship and releasing					
,	, whos	se address is					
		se telephone number is					
and wh	hose e-mail address (if available) is	, ask that the					
court to	erminate the guardianship of the property of						
state		Name of Minor or Disabled Person					
		vardian of the person of the property					
1.	My relationship to the minor or disabled is \square guardian of the person \square guardian of the property						
	\square guardian of the person and property \square other (<i>describe</i>):						
2							
2.	Name of Guardian of the Property	was appointed guardian of the property for					
	N (MC D: H ID	by order of this court on Date of Appointment					
	Name of Minor or Disabled Person	Date of Appointment					
2	My interest in the quardienship estate is:						
3.	My interest in the guardianship estate is:						

		or Disabled Person	Address	<u>Telephone</u> <u>Number</u>	<u>E-mail</u> <u>Address</u>		
	uardianship of the property should be terminated because (select all that apply):						
Ш	A copy of the minor's birth certificate or other proof of age is attached to this petition.						
⊔ А	copy of t	the minor's birth certificate of	or other proof of	age is attached to this	s petition.		
A	copy of t	the minor's birth certificate of the care becan	or other proof of a ne emancipated b	age is attached to this because of marriage of	s petition. on		
A	copy of t	the minor's birth certificate of the care becan	or other proof of an emancipated by the minor's marri	age is attached to this ecause of marriage of age certificate is attached.	s petition. on ched to this petition		
A	Copy of t	the minor's birth certificate of became of Minor . A copy of to the minor's Marriage.	or other proof of an emancipated by the minor's marri	age is attached to this because of marriage of	s petition. on ched to this petition		
A	Copy of t Date of M	becan Name of Minor . A copy of t inor's Marriage e of Minor or Disabled Person	or other proof of an emancipated be minor's marridied on	age is attached to this because of marriage of age certificate is attached Date of Death	s petition. on ched to this petition		
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		Guardianship of the property should be terminated because the following event specified in the						
		order appointing the guardian of the	e property occurred on		Date			
		All assets in the estate have been distributed as authorized in the order appointing the guardian o						
	the property.							
		The following other good cause ex	ists to terminate	s to terminate the guardianship:				
6.	Se	ction 6 applies if you are the guardi	an of the prope	rty.				
	in (U	tached to this petition is a final Fidu the last account filed, or, if none, from se Form CC-GN-012, Fiduciary's A pardian's Account, if the guardiansh	om the date you coount, if the g	were appointed as guardianship is in the	guardian of the property.			
7.	es	ction 7 applies if you are the guardicate. tached to this petition is a proposal f			C			
8.	Al	l required documentation is attached		riodilon of any form	aning assets in the estate.			
FOR 1		ESE REASONS, I ask the court to:						
	1.	1. Accept my request to terminate guardianship of the property of						
		Name of Guardian of the Prop	perty ·					
	2.	ReleaseName of Minor or Disa	blad Darson	of the duties as gua	ordian of the property.			
	3.	Name of Minor of Disabled Person 3. Issue an order requiring interested persons and any other persons directed by the court to show						
		cause why my request should not be granted.						
_	4.	Grant any other and further relief a	-					
		nnly affirm under the penalties of pe	rjury that the co	ontents of this docum	ent are true to the best of			
my kno)Wl	edge, information, and belief.						
		Date		Signa	ture			
		Street Address	***	Printed	Name			
		City, State, Zip		Telephone	Number			
		E-mail		Fa				
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