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**USE THIS FORM IF SOMEONE OTHER THAN THE GUARDIAN
IS THE PERSON WHO WANTS TO END THE GUARDIANSHIP**

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_____ Guardian(s) of the (check one) Estate/ Person
and Estate of (Ward's name) _____ was filed on
(date) _____ and Letters of Guardianship were filed on (date) _____.

2. That the name(s) and address(es) of the Petitioner(s) are:

Name: _____
Address: _____

Name: _____
Address: _____

3. That the name(s) and address(es) of the Guardian(s) are:

Name: _____
Address: _____

Name: _____
Address: _____

4. (CHECK ONLY ONE BOX)

That (name of first ward) _____ is currently
(age) _____ years old, having been born on (date of birth) _____.

The Ward currently resides at:

Address: _____

OR

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That the Ward died on (date) _____.

5. (CHECK ONLY ONE BOX OR WRITE "N/A" ON THE FIRST LINE IF THERE IS ONLY ONE WARD)

That (name of second ward) _____ is currently (age) _____ years old, having been born on (date of birth) _____.

The Ward currently resides at:

Address: _____

OR

That the Ward died on (date) _____.

6. (CHECK ONLY ONE BOX OR WRITE "N/A" ON THE FIRST LINE IF THERE ARE LESS THAN THREE WARDS)

That (name of third ward) _____ is currently (age) _____ years old, having been born on (date of birth) _____. The

Ward currently resides at:

Address: _____

OR

That the Ward died on (date) _____.

7. That the guardianship(s) over the Ward(s) are no longer needed because _____

_____.

Therefore, the guardianship over the Ward(s) should be terminated.

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VERIFICATION OF CO-PETITIONER

STATE OF NEVADA)
)
COUNTY OF _____)

I, (Co-Petitioner's name) _____, being first duly sworn under penalty of perjury, hereby depose and say:

That I am the Co-Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

Co-Petitioner

SIGNED and SWORN to before me by (Co-Petitioner's name) _____
on the ____ day of _____, _____.

NOTARY PUBLIC

ACKNOWLEDGMENT OF CO-PETITIONER

STATE OF NEVADA)
)
COUNTY OF _____)

On this ____ day of _____, _____, before me, the undersigned Notary Public in and for the said County and State, personally appeared (Co-Petitioner's name) _____ known to me to be the person described in and who executed the foregoing instrument, and who acknowledged to me that (check one) he/ she did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

NOTARY PUBLIC