Register in Chancery
Kent County
New Castle County
Sussex County
38 The Green, Ste. 208
Dover, DE 19901
Wilmington, DE 19801
302-735-1930
Georgetown, DE 19947
302-856-5775

# <u>Procedures for filing a Petition to Terminate Guardianship of the Person</u> Due to the Death of the Person with a Disability

- The petition to terminate requires the following:
  - A completed petition. The court clerk cannot complete the petition for you.
  - A copy of the death certificate for the person with a disability.
  - The filing fee for the petition is \$15.00. We accept cash, check or money order (made payable to "Register in Chancery").
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- It is the guardian's responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery's office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.

Form CM77 Rev. 01/2023

In the Matter of:	•
A person with a disability,	C.M. #:
	uardianship of the Person
· · · · · · · · · · · · · · · · · · ·	Person with a Disability
1. Name of guardian(s):	
2. Date guardian(s) was/were appointed	
3. The person with a disability passed av	vay on
Guardian	Co-Guardian (if applicable)
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the day of (month) (year).	Executed on the day of (month) (year).
(Guardian's Printed Name)	(Co-Guardian's Printed Name)
(Guardian's Signature)	(Co-Guardian's Signature)
(Guardian's Address)	(Co-Guardian's Address)
(Guardian's Address)	(Co-Guardian's Address)
(Guardian's Phone Number)	(Co-Guardian's Phone Number)

# INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF PETITION TO TERMINATE

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with your petition (a separate affidavit is required for each individual).

#### Option 1 – Consent

Any interested party may sign a copy of the attached "Consent" form.

#### Option 2 – Send Notice

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the Court will consider the petition. This ensures that all interested parties have adequate time to contact the Court with any questions they may have or file any objection to the petition.

### To be filed with the Court

You must file the following documents with the Court before the petition will be reviewed by a Judicial Officer:

- a. Any and all consent forms,
- b. The attached "Certificate of Mailing" (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

In the matter of:	:
	: : C.M. #:
A person with a disability	: C.IVI. #.
<u>C0</u>	<u>ONSENT</u>
I,	, whose relationship to the
person with a disability is that of	(e.g.
mother, brother), hereby consent to the	e petition to terminate.
I declare under penalty of perjury under	er the laws of Delaware that the foregoing is
true and correct.	
Executed on the day of	(month) (year).
	(Printed Name)
	(Signature)
Address:	
Phone Number:	

IN THE MATTER OF:	:
A person with a disability	: , : C.M. #
	F EFFORTS TO LOCATE F INTERESTED PARTY
	, petitioner(s) in the above
matter, hereby confirm that I/We ha	ave been unable, after exercising reasonable
diligence, to locate an address for in	nterested party,
[Name of interested party or missin	g person], in order to provide that interested
party with notice of the filing of the	e petition.
My/Our last contact with	[Name of
interested party or missing person]	was on or around
[month/year] and to the best of my/	our knowledge, the last contact he/she had with
the person with a disability was on	or around[month/year].
My/Our efforts have included	d the following [please check all that apply]:
☐ performing an internet sea	arch for the address of the interested party;
☐ asking other interested par	rties if they know of the missing person's
current whereabouts;	
$\square$ messaging the missing per	rson through electronic means;
☐ Other:	

If I/We subsequently locate the missing interested party, I/We will notify the Court of his/her address.

Petitioner	Co-Petitioner		
STATE OF			
COUNTY OF			
This instrument was acknowledged before	e me on this day of		
, 20 by	[Name of affiant].		
	Notary Public/Chancery Court Clerk		
Pursuant to Court of Chancery Rule 1781 below) is permitted rather than the notar	B, the use of an Unsworn Declaration (see		
Petitioner	Co-Petitioner (if applicable)		
Petitioner  I declare under penalty of perjury	Co-Petitioner (if applicable)  I declare under penalty of perjury		
Petitioner	Co-Petitioner (if applicable)		
Petitioner  I declare under penalty of perjury under the laws of Delaware that the	Co-Petitioner (if applicable)  I declare under penalty of perjury under the laws of Delaware that the		
Petitioner  I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the day of	Co-Petitioner (if applicable)  I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the day of		

☐Register in Chancery Kent County 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930	□Register in Chancery New Castle County 500 N. King St., Ste. 11600 Wilmington, DE 19801 302-255-0544	☐Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775
IN THE MATTER OF:	: : C.M. #	
A person with a disability	· · · · · · · · · · · · · · · · · · ·	
<u>NOTICI</u>	E OF PETITION TO TER	<u>MINATE</u>
Dear Interested Parties:		
This is a notice that l	am/we are filing a petition	to terminate the
guardianship due to the dea	nth of the person with a disab	oility. Notice is being sent to
you as an interested party.		
If you object to the p	etition, you must immediate	ly file a written objection
with the Register in Chance	ery's Office that has been ma	arked above. If you do not
file a written objection with	nin <b>thirteen (13) days</b> of the	date of this notice, any
objections will be deemed	waived.	
Petitioner's Signature	Co	-Petitioner's Signature
Dated:		

IN THE MATTER OF:		:	
A person with a disability	,	: C.M. #	
CERT	IFICATI	E OF MAILING	
The guardian(s) mailed or	n this date	e, a "Notice of	
Petition" to the following interes	sted parti	es:	
Name	Addres	SS	
Guardian		Co-Guardian (if applicable)	
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.		I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	
Executed on the (month)	_ day of _ (year).	Executed on the day	y of ear).
(Guardian's Printed Name)		(Co-Guardian's Printed Name)	
(Guardian's Signature)		(Co-Guardian's Signature)	