

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 :
 :
 _____, : C.M. # _____
 a minor/a person with a disability :
 :

PROMISSORY NOTE

I, _____, (co-)guardian(s) of the property of _____, a minor/a person with a disability, promise to repay to the guardianship account the amount of \$_____ a month beginning _____, until the \$_____ borrowed is repaid.

Proof of deposits must be sent to the Register in Chancery office by the 15th of each month. Failure to show proof of deposits to the guardianship account will require a Court appearance.

NO FUTURE PETITIONS TO EXPEND WILL BE CONSIDERED UNTIL THE GUARDIANSHIP ACCOUNT HAS BEEN REPAID IN FULL.

Guardian's Signature
Guardian's Address: _____

Guardian's Phone #: _____

STATE OF _____ :

COUNTY OF _____ :

This instrument was acknowledged before me on this _____ day of _____, 20____ by _____[Name of affiant].

Notary Public/Chancery Court Clerk